

Determining Patient-Physician Trust Dynamics in Patients with Psychocutaneous and General Dermatological Disease in the Dermatology Departments at Bart's Health NHS Trust

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Image 1: Psychodermatology Team, Royal London Hospital

I am extremely grateful to have been awarded the British Association of Dermatologist winter project prize. As part of my fourth year dissertation I was given the opportunity to undertake research in the field of psychocutaneous medicine with Dr Bewley and his team. What sparked my interest in psychodermatology was the limited amount of evidence-based information available, the wide range of unique cases and the challenging nature of managing patients with psychodermatological diseases.

Research Summary

Background

Previous research has shown that patients who trust their physicians are more likely to adhere to medical therapy, discuss their concerns and be overall satisfied with the quality of care they receive (1-2).

Some observers have expressed concerns that psychodermatology patients appear more reluctant to trust the medical team in charge of their health. The reasons for this may include the relatively unexplored field of psychodermatology and the fact that patients attending a psychodermatology clinic have usually seen (and been unengaged by) a number of other health care professionals before being referred to a psychodermatology clinic.

Data obtained from patients with psychodermatological disorders, especially those with delusional infestation (DI) have shown that managing patients with a psychodermatological disease can be particularly challenging due to their negative attitudes towards the healthcare professionals (3,4). This may be due to patients' disbelief that their disorder is psychiatric in nature. In cases where DI has been concurrent with substance abuse, research has shown lower levels of patients disclosing their substance misuse to doctors (5).

In addition to this, doctors managing psychodermatological patients have had higher rates of patient complaints and doctor harassment (6). A study on Australian plastic surgeons demonstrated that 20% reported harassment, which was associated with patients having body dysmorphic disorder and other similar pathologies (7). In addition, self-administered data collected from 44 dermatologists in the UK demonstrated that 36% had received complaints about misdiagnosis while 11% had been verbally abused from their psychodermatological referrals (8).

Aims

The primary outcome of this study was to identify and compare patients' views, from general dermatological and psychodermatological clinics, about the extent to which they can trust their physicians. We believe an examination of this topic was particularly important because patients with psychodermatological disease may have chronic symptoms which require continual, long-term management from a multidisciplinary team.

Our second goal was to identify patient characteristics associated with trust in the dermatologist. Based on the little evidence available we wanted to explore whether the demographics of the patient, duration of disease and specific diagnoses would have any association with the trust levels. Increasing our understanding of patients' trust in their dermatologist will ultimately be useful for assessing both the quality and effectiveness of the holistic care we aim for patients with the psychodermatological disease.

Methods

All consecutive patients, seen in our specialist psychodermatology and general dermatology clinics in March 2019 were enrolled in the study. Research sites included the following: Royal London and Whipps Cross University Hospitals.

Patients who agreed to participate completed a consent form and the dermatologist in charge of the appointment filled in a baseline questionnaire that collected a variety of information on demographics, duration of disease and medical diagnoses.

Following the consultation, patients were asked to complete the 11-item Patient-Physician-Trust and Relationship Questionnaire (9) in order to assess their views about their treating physician.

Thirty-eight patients from the psychodermatology clinic and 29 from the dermatology clinic consented to take part in the trial.

Results

In both groups the majority of patients were female and >30 years. The most common diagnoses in psychodermatology were Delusional Infestation (39.5%), followed by Nodular Prurigo (18.4%) and Trichotillomania (10.5%). The most common diagnoses of responders in the general dermatology clinic were Psoriasis (31%) and Acne (13.8%).

The findings of our study demonstrate that psychodermatology patients responded with less confidence and trust in their doctors. Key differences were found regarding how much they trust their doctors. There were also significant differences with regards to whether they follow their doctors' advice. Moreover, psychodermatology patients are more likely to seek a second medical opinion. Finally, it was shown that there were also higher levels of concerns regarding confidentiality.

Conclusions

Our data highlight the higher levels of distrust towards dermatologists in psychodermatology. Further research is required to delineate techniques which health care professionals and patients can adopt to improve the clinician-patient relationship in psychodermatology.

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