Dermatologists need to produce evidence that their work is of a good standard and that their services improve the well-being of patients. Sources of evidence can be objective measures of outcome - such as the Psoriasis Area Severity Index (PASI score)\(^1\), or subjective measures - such as Patient Reported Outcome Measures (PROMS). These are routinely used when treating patients with biological therapies - but otherwise their main use is as research tool. We were interested to find out whether useful information can be obtained using PROMS more widely in a DGH setting.

INTRODUCTION

Dermatologists need to produce evidence that their work is of a good standard and that their services improve the well-being of patients. Sources of evidence can be objective measures of outcome - such as the Psoriasis Area Severity Index (PASI score)\(^1\), or subjective measures - such as Patient Reported Outcome Measures (PROMS). These are routinely used when treating patients with biological therapies - but otherwise their main use is as research tool. We were interested to find out whether useful information can be obtained using PROMS more widely in a DGH setting.

AIM

The aim of this study was to investigate the value of PROMs in a dermatology department in a DGH.

METHODS

(1) Patients undergoing 4 different therapies were asked to fill in a questionnaire, the Dermatology Life Quality Index\(^2\), (DLQI) or the Cardiff Acne Disability Index\(^3\) (CADI) before and after treatment. The results were then analysed

(2) For 15 patients receiving biological therapies in psoriasis the PASI was also calculated before treatment and 12 weeks afterwards. We were therefore able to compare the results of the PASI and the DLQI.

RESULTS

<table>
<thead>
<tr>
<th>Treatment</th>
<th>PROM used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biologics (DLQI/30)</td>
<td>DLQI</td>
</tr>
<tr>
<td>Phototherapy (DLQI/30)</td>
<td>DLQI</td>
</tr>
<tr>
<td>Botulinum toxin for axillary hyperhidrosis (DLQI/30)</td>
<td>DLQI</td>
</tr>
<tr>
<td>Isotretinoin for acne (ADI/15)</td>
<td>CADI</td>
</tr>
</tbody>
</table>

CONCLUSIONS

Patients in ULHT derive considerable benefit from phototherapy and biologic treatments for psoriasis, from botulinum toxin injections for axillary hyperhidrosis and isotretinoin for acne.

The differences between the objective (PASI) and subjective (DLQI) measures of severity generally revealed a greater improvement in the subjective assessment of improvement.

DISCUSSION

PROMs provide a standardised way of measuring the psychological and sociological impact of disease and are useful tools for dermatologists:

1. PROMs help assess the value of a treatment to individual patients
2. PROMs establish whether or not that treatment, as administered by the service, is provides benefit to patients in general. This is influenced by many factors such as patient selection and operational issues such as staff attitudes, competence, facilities and concurrent patient education.
3. PROMs provide feedback for those working in the service and may identify areas for development or further training.
4. PROMs provides evidence for those who commission the service that it is providing health benefits for patients.

REFERENCES