



ORIGINAL ARTICLE

Osteopaths in the United Kingdom and Australia: Attitudes, practice, confidence and knowledge with regard to melanoma recognition – An observational questionnaire study



Sonja Jelineck*, Steven Bettles, Philip Bright, Anne Jäkel

European School of Osteopathy (ESO), Boxley, Maidstone, Kent, ME14 3DZ, UK

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KEYWORDS

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Melanoma;
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Abstract *Background:* Melanoma causes the majority of skin cancer deaths. Australia (AUS) has the world's highest incidence rate, whereas the United Kingdom's (UK) incidence rate is one third of that, but rising rapidly. Osteopaths, many of whom routinely look at least at a part of the patient's skin as part of their osteopathic examination, are potentially in an ideal position for melanoma recognition. *Objective:* To investigate the current attitudes, practice, confidence and knowledge of osteopaths practising in the UK and Australia with regard to melanoma recognition.

Materials and methods: A link to an electronic questionnaire was sent out by e-mail to 2368 osteopaths registered with the General Osteopathic Council (UK) and to 942 osteopaths registered with the Osteopathy Board of Australia. Descriptive and inferential statistics were applied to the quantitative data. The qualitative data were evaluated with a thematic analysis approach.

Results: Following exclusions, 378 responses from UK osteopaths and 137 responses from AUS osteopaths were analysed.

Melanoma recognition was seen as a valuable part of osteopathic practice by 85% of all osteopaths, but the topic of melanoma constituted only a minor aspect in everyday interactions with patients and colleagues, and confidence-levels with regard to early recognition were in the medium-to-low range only. Participants did not perform better than by chance when discriminating melanoma from benign lesions in picture tests, but scored high in melanoma background knowledge.

* Corresponding author. Tel.: +44 (0)7570016192.
E-mail address: sonja.jelineck@gmail.com (S. Jelineck).

The vast majority of osteopaths relied on rule-based approaches, for example the ABC(D)(E) acronym, rather than the more promising “ugly duckling sign” (a lesion that appears different from a patient’s other moles).

Conclusions: UK and AUS osteopaths have a positive attitude towards melanoma recognition, however they demonstrate limited levels of confidence and knowledge. Future research should evaluate the reliability of melanoma recognition rates by osteopaths using the “ugly duckling sign” versus osteopaths using rule-based approaches.

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Implications for practice

- UK and AUS osteopaths are willing to play a role in early melanoma recognition.
- UK and AUS osteopaths did not perform better than chance when asked to identify pictures of moles. The vast majority relied on rule-based approaches, e.g. the ABC(D)(E) acronym, rather than the more promising “ugly duckling sign”.
- Future research should evaluate the reliability of melanoma recognition rates by osteopaths using the “ugly duckling sign” versus osteopaths using rule-based approaches.

Introduction

Skin cancer remains the most frequently diagnosed cancer worldwide.⁴⁰ Melanoma represents only 5% of skin cancers, but causes the majority of skin cancer deaths.⁵³ Mortality numbers from melanoma are relatively high in young individuals compared to deaths from other types of cancers. However, the population groups facing the greatest risk of developing advanced disease (and hence of dying of melanoma) are middle-aged and older men, persons of lower socio-economic-status, and individuals given the diagnosis of the nodular melanoma subtype.²³ Australia (AUS) has the highest incidence of melanoma worldwide. The United Kingdom’s (UK) incidence rate is about one third of that in AUS, occupying ranks 7 and 6 for men and women respectively within the EU-27.^{12,13,58} There has been a global trend of increasing melanoma incidence in people that are predominantly Caucasian.³⁶ There are indications that the incidence rates of Australia and New Zealand have stabilized, but there is pronounced and steadily rising incidence in most countries in Europe, including the UK.¹⁷ Cancer Research UK¹¹

attributes much of the rising incidence in the UK to excessive sun exposure during holidays at lower latitudes.

The direct cost of melanoma, even though a small proportion of expenditures on all cancers, is considerable and rising quickly.^{38,56} For the UK, costs purely for the National Health Service (NHS) have been estimated at around £60 million per annum in 2006.⁵⁶ In Australia, the medical cost of treating melanoma in 2001 was estimated at AUS\$ 30 million (£20.6 million) per annum.³⁸ Given the high incidence rates among young adults, melanoma also results in significant years of potential life lost and lost productivity.^{4,28} However, in countries with educational campaigns related to skin cancer, much of the recent rise in incidence can be attributed to thin melanoma (≤ 1 mm) as measured in “Breslow’s thickness”.^{5,7,16} Breslow’s thickness measures in millimetres the distance between the upper layer of the epidermis and the deepest point of tumour penetration. The thinner the melanoma, the better the chance of a cure.⁵¹ As a result of this development, mortality rates have begun to plateau in AUS and rise more slowly in the UK.^{3,12}

It is unclear how much of this trend is linked to educational campaigns focussing on primary prevention (preventing melanoma development) versus secondary prevention (early recognition). Many advocate the use of both approaches,^{30,22} while Bataille and de Vries⁷ argue that secondary prevention is a more efficient way to reduce mortality. Since both survival rate and cost are linked to the melanoma thickness on diagnosis, accurate and timely recognition are crucial,²² and primary health care practitioners might be able to play an essential role.^{55,54} Osteopaths, many of whom routinely look at least at a part of the patient’s skin as part of their osteopathic examination,^{24,45} are potentially in an ideal position for melanoma recognition.

The majority of research on the role of primary care practitioners in early recognition looked at

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