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ORIGINAL ARTICLE

Skin Conditions in Primary Care: An Analysis of Referral Demand[☆]



E. Castillo-Arenas,^{a,*} V. Garrido,^b S. Serrano-Ortega^c

^a Área Sanitaria Sur de Granada, Granada, Spain

^b Hospital Santa Ana de Motril, Granada, Spain

^c Departamento de Dermatología, Facultad de Medicina, Granada, Spain

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KEYWORDS

Dermatology;
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Referral demand

Abstract

Introduction: Skin conditions are among the main reasons for seeking primary health care. Primary care physicians (PCPs) must diagnose skin conditions and determine their impact, and must therefore incorporate the relevant knowledge and skills into their education. The present study analyzes the reasons for primary care referral to dermatology (referral demand) as well as diagnostic agreement between PCPs and dermatologists informed by pathology where appropriate.

Material and methods: Data were collected for 755 patients and 882 initial dermatology appointments from February 1, 2012 through April 30, 2012 following primary care referral. Data obtained included age, sex, occupation, reason for referral, primary care diagnosis, and dermatologic diagnosis. Statistical analysis of the data for each diagnosed condition identified frequency, reasons for referral, sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and the κ statistic for diagnostic agreement.

Results: The most common diagnoses were seborrheic keratosis, melanocytic nevus, actinic keratosis, and acne. The main reason for referral was diagnostic assessment (52.5%). For skin tumors, sensitivity of primary care diagnosis was 22.4%, specificity 94.7%, PPV 40.7%, and NPV 88.3%, with a κ of 0.211. For the more common diagnoses, primary care sensitivity was generally low and specificity high.

Conclusions: According to our results, primary care physicians are better qualified to rule out a given skin condition in a patient (high specificity) than to establish an accurate clinical diagnosis (poor sensitivity). This suggests that knowledge and skills training should be organized for primary care physicians to improve management of skin conditions—especially skin cancer, because of its impact. A more responsive system would ensue, with shorter waiting lists and better health care.

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* Corresponding author.

E-mail addresses: naniarenas@hotmail.com, consultadermatologia@gmail.com (E. Castillo-Arenas).

PALABRAS CLAVE

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Concordancia
diagnóstica;
Demanda derivada

Motivos dermatológicos de consulta en atención primaria. Análisis de la demanda derivada**Resumen**

Introducción: Las enfermedades cutáneas constituyen uno de los principales motivos de consulta en atención primaria (AP), motivo por el que el médico de AP está obligado a conocer su diagnóstico y su importancia e integrar estos conocimientos y aptitudes en su formación. En este estudio realizamos un análisis de los motivos de derivación desde AP a asistencia especializada (demanda derivada) y de la concordancia diagnóstica entre médico de AP y dermatología/anatomía patológica.

Material y métodos: Se recogieron datos de 755 pacientes y 882 primeras consultas de Dermatología procedentes de AP, en el periodo comprendido entre el 1 de febrero de 2012 hasta el 30 de abril de 2012, a los que aplicamos un protocolo de recogida de datos (edad, sexo, profesión, motivo de derivación, diagnóstico de AP y de dermatología). Con los datos realizamos un estudio estadístico para conocer frecuencias, motivos de derivación, sensibilidad y especificidad y los valores predictivos positivos (VPP), valores predictivos negativos (VPN) e índices kappa de concordancia diagnóstica.

Resultados: Los diagnósticos más frecuentes fueron queratosis seborreicas, nevus melanocíticos, queratosis actínicas y acné. El motivo más frecuente de derivación fue la valoración diagnóstica (52,5%). La sensibilidad (S) y especificidad (E) del diagnóstico en tumores cutáneos fueron de S = 22,4%, E = 94,7%, VPP = 40,7% y VPN = 88,3%, $\kappa = 0,211$ y en los diagnósticos más frecuentes la S en general es baja y la E bastante alta.

Conclusiones: El médico de AP, de acuerdo con nuestros resultados, está más capacitado para afirmar que el paciente no padece determinada enfermedad cutánea (E alta) que para establecer el verdadero diagnóstico clínico (S baja), lo que nos sugiere la necesidad de planificar acciones formativas que se traduzcan en un aumento de los conocimientos y aptitudes necesarias para el correcto manejo de las enfermedades cutáneas, especialmente por su trascendencia del cáncer de piel. Sin duda redundaría en una mayor agilidad del sistema, menos listas de espera y una mejor atención sanitaria.

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Introduction

Skin diseases are one of the main reasons for seeking primary health care,¹ thus reflecting their high prevalence in the community.²⁻⁴ Frequency varies from 5.5% to 22.5% between studies.^{2,4,5} However, subsequent studies estimate prevalence to be around 7% to 8%.^{6,7} Skin diseases are the sixth and seventh most common diseases in primary care,^{1,5,8} and up to 60% are resolved by nonspecialists.^{2,6,9}

Primary care physicians must recognize the importance of skin diseases, accept the role they occupy in health care, and include them in their medical training, since many skin diseases are easily treated and generally do not require complex diagnostic techniques.¹⁰ Primary care physicians are the patient's first contact with the health system and should be able to correctly diagnose the most common skin diseases in their setting. They should also know the criteria for referral to a specialist and the drugs most frequently used in the treatment of these diseases. The increasing incidence of skin cancer requires primary and secondary prevention strategies to reduce incidence and mortality. The very low diagnostic agreement among primary care physicians recorded in some studies, together with delays in initiating appropriate treatment, can create considerable problems in health care.^{11,12}

Referral of patients from primary care to specialized care accounts for a considerable part of primary care activity,

since it is key to reducing costs and increasing the safety, efficacy, and effectiveness of health care.¹³⁻¹⁶

In the present study, we aim to know the most common reasons for referral to dermatology in primary care in Spain, the characteristics of referral demand, and the diagnostic agreement between primary care physicians and dermatologists. The data collected could be used to design specific training activities.¹⁷⁻¹⁹

Objectives

To determine diagnostic agreement between primary care physicians and dermatologists and to compare the sensitivity and specificity of diagnoses by the former with those of the latter.

Materials and Methods

Data were collected prospectively at the Dermatology Clinic of Hospital Santa Ana de Motril, Motril, Spain a center with a catchment population of 104 000 inhabitants in the Granada Sur health district, which includes towns on the Granada coast and in the Alpujarra. Data were collected for 755 patients and 882 initial dermatology appointments from February 1, 2012 through April 30, 2012 following primary care referral.

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