Patient Education to Enhance Contact Dermatitis Evaluation and Testing

Mary C. Smith, RN, MSN

KEYWORDS

• Patient education • Patch testing • Allergen avoidance
• Contact dermatitis

Patients presenting for evaluation of possible allergic contact dermatitis (ACD) have many educational needs. They come with preconceived notions of what is causing their rash, often have seen many other health care professionals, and may be frustrated. Their condition may have caused interruption of sleep, stress on personal relationships, or jeopardized their jobs. Health care professionals face the limitations of time because of the limited number of specialists in this area, and quality patient education for patch test patients becomes a challenge.

BACKGROUND OF PATIENT EDUCATION

Florence Nightingale emphasized teaching Civil War soldiers the importance of fresh air, nutrition, exercise, and personal hygiene to improve well-being. In 1993, the Joint Commission on Accreditation of Health care Organizations (JCAHO) came out with standards that identified the need for health care professionals to educate patients to "enhance their knowledge, skills, and those behaviors necessary to fully benefit from the health care interventions provided by the organizations."[1] In 1996, JCAHO added additional standards to include that patient education must be provided by an interdisciplinary healthcare team, with consideration given to the client's literacy level, educational level, and language. This education must be understandable and "culturally appropriate" to the patient and/or significant other.[1]

Often in contact dermatitis clinics, the immunologic basis of ACD, avoidance of allergens, and the proper use and side affects of corticosteroids need to be explained to patients. Nurses can play a vital role in assessing, planning, and implementing patient education to empower patients with ACD.

However, learning more about a disease process does not necessarily bring about change in behavior. Knowledge that sunburns were associated with skin cancer did not improve adolescent sun protection behavior.[2] Educational programs in elementary schools did not sustain impact on sun protective behavior.[3] However, college students showed improved intention to practice sun protective behaviors when shown photographs depicting underlying sun damage to skin.[4]

If simply providing information about the disease process does not automatically change behavior, then where should patient education focus? "Stages of Change Model" was introduced by Prochaska and DiClemente,[5] who originally looked at the stages cigarette smokers went through as they were trying to quit. The theory has been adapted for use with stroke patients,[6] smoking cessation programs,[7,8] weight reduction programs,[9] and other lifestyle changes.[10] Being aware of the patient's stage of change, building on existing knowledge, and collaboration with other healthcare providers are found to be significant factors in empowering patients to make healthy choices.

University Hospitals Case Medical Center, Department of Dermatology, 11100 Euclid Avenue, Cleveland, OH 44106, USA
E-mail address: mary.smith@UHhospitals.org

Dermatol Clin 27 (2009) 323–327
doi:10.1016/j.det.2009.05.011
0733-8635/09/$ – see front matter © 2009 Elsevier Inc. All rights reserved.

derm.theclinics.com

So with limited time and resources, what can healthcare professionals do to affect ACD patients' behaviors to reach healthy outcomes? According to Prochaska and DiClemente,[5] patients trying to quit smoking went through 5 stages of change. These stages could be seen in ACD patients also:

1. The first stage, the precontemplation stage, identifies individuals who are not aware of the health implications for their actions. For ACD patients, this translates into lack of knowledge regarding the exposure that leads to their dermatitis.
2. The second stage, the contemplative stage, is when the patient starts to seriously think about changing behavior, but no action is taken. This stage often takes place for ACD patients when the final reading is done and when they learn about avoiding their allergens. Together with the healthcare professional, they identify which allergens are relevant, and what items or products need to be avoided for a cure.
3. The third stage is labeled as the preparation stage; it is when the individual is orienting to or attempting the target behavior. This stage may include experimenting with small changes. This stage often starts when the patient with ACD is at the drugstore and is selecting personal care products that do not contain their allergen. Then they "try" different products to see if their condition improves. One study in 2007 reports that patients with fragrance allergies smelled the products as a strategy for determining safe products.[11]
4. The fourth stage is the action stage, when the action is taken. An example of this stage would involve using products from the allergy-free list generated from the Computerized Allergen Replacement Database (CARD) for 1 month to test for relevance. It is during this stage that patients develop health beliefs about their treatment. In the 2007 study mentioned earlier, Noiesen and colleagues[11] found that almost half of the study population did not trust the labels of ingredients, with one explanation being that patients experienced eczema eruptions even when they attempted avoidance of allergens by reading the labels.
5. The fifth stage is known as the maintenance stage and is reached when the individual has performed the behavior for 6 months. In this model, patients can progress, regress, or remain in any stage for a period of time. Six months after patch testing could be a good time for a follow-up visit or phone call. With the ACD patients, a "flare" is often seen about 1 year after patch testing. They have been rash free for a while and "forget" to check the labels on products.

ASSESSING LEARNING NEEDS

Some simple questions can be efficient and provide valuable clues to the patient education needs (**Table 1**). When rooming patients for the consultation, nurses can ask, "What do you think is causing your rash?" Depending on their answer, explaining the delayed reaction to contact allergens that a dermatologist patch tests for as compared with the immediate type I response to the allergens that an allergist tests with scratch testing can be beneficial to the patient. The concept that what touches their skin today can cause a rash that starts in 2 to 7 days and lasts a month, helps patients include a more complete exposure history to include products they may use infrequently or that feel good on application.

Table 1
Questions to ask to facilitate patient education

When to Ask Questions	Questions to Ask
Before consultation	Would you like us to send you information about contact dermatitis?
At consultation visit intake	What do you think is causing your rash? What do you hope comes from patch testing? How familiar are you with contact dermatitis?
At the final reading, after avoidance education	What did the doctor tell you? How confident are you that you can avoid your allergens?
One-month follow up	What advice would you give to a patient who just found out they are allergic to your allergens?

Download English Version:

https://daneshyari.com/en/article/3195784

Download Persian Version:

https://daneshyari.com/article/3195784

Daneshyari.com