

The Role of the Nurse Educator in Managing Atopic Dermatitis

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KEYWORDS

- Nurse educator • Patient education • Atopic dermatitis
- Atopic eczema

Atopic dermatitis (AD), also known as atopic eczema, is the most common chronic, relapsing skin disorder seen in infants and children, although it can affect patients of any age. The prevalence of AD has increased globally, with more than half of these patients developing asthma and allergies.^{1,2} A significant economic burden on the patient, family, and society is experienced because of AD.^{3,4} Successful conventional strategies for managing AD require an accurate diagnosis, identification, and elimination of exacerbating factors including irritants and allergens, adequate hydration of the skin, control of pruritus and infections, and appropriate use of topical anti-inflammatory and other medications.^{5,6} Appropriate and effective AD management requires that health care professionals become increasingly aware of the social context of the disease and the effect on the lives of those affected.⁷ Successful strategies, particularly in those patients with moderate-to-severe disease, have been influenced by the commitment and expertise of the multidisciplinary approach led by physicians and nurses in the past 2 decades.^{8,9} Educational interventions have long been recommended and used as a critical adjunct at all levels of therapy for patients with AD to enhance therapy effectiveness. By using education to enhance the effectiveness of treatment, health care professionals can affect quality of life in a significant manner.¹⁰

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GOALS OF EDUCATION

Experts from the European Academy of Allergy and Clinical Immunology and the American Academy of Allergy, Asthma and Immunology developed consensus guidelines for AD in the Practical Allergy (PRACTALL) initiative.¹¹ They stated that the goal of patient education should be living with AD by means of an empowered patient or, in the case of infants and young children, a caregiver who can work as a partner with the doctor, or health care team, in self-managing their own or their children's disease. A critical objective is to enable patients to be as effective as possible in helping themselves and engaging in effective self-management.¹² Other educational goals or outcomes include reduction of doctor shopping, facilitating a more effective partnership between the health care provider and patient-parent, and decreasing the long-term costs of chronic disease treatment.

Structured patient education should enable both the patient and the parent to have realistic short-term goals, enter a process of problem solving, accept living with disease, ensure the appropriate use of available social support, and enhance the motivation for therapy. These interventions may be directed toward adult patients, parents, or children with eczema, with parents often the primary focus of such educational approaches.

Education may need to extend to other family members, caregivers, school staff, and to the work environment to ensure its effectiveness. The educational content must include teaching about the chronic or relapsing nature of AD, exacerbating factors, and therapeutic options that are important to both patients and caregivers.¹³ Important educational goals are becoming increasingly difficult to accomplish in the current health care environment and seem equally difficult to measure; these issues are highlighted in this article. The current lack of adequate trial evidence of the effectiveness of educational interventions in the care of AD are also addressed. This review focuses on the most common educational interventions being used today internationally in the care of patients with AD.

EDUCATION STRATEGIES

Educational strategies are focused on the process of gaining new knowledge and/or skills through teaching and learning activities. The approach involves information giving and formal teaching to help recipients become more accurately informed about their condition and more knowledgeable and skilful in managing their illness. This information should better equip them to understand the need for medical treatments and disease prevention. Educational interventions may include various learning tools including lectures, audiotapes, books, booklets, leaflets, handouts, films, videotapes, computer-assisted instruction, home care plans, or action plans. The content of these educational interventions may include information on the disease, treatment instructions, prevention, and management strategies. They may be delivered through one-on-one communication, direct demonstration with reinforcement, role playing, group discussions with question-and-answer sessions, classroom teaching in the hospital or clinic setting, or in the community via an outreach program mediated through the home or school.

THE EDUCATION TEAM

Almost universally, eczema education is increasingly difficult to accomplish in the typical AD clinic visit. Adequate time is needed to discuss this chronic illness, potential triggers, and diagnostic and treatment options, irrespective of degree of disease

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