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## Original Study

# Current Dermatologic Care in Dutch Nursing Homes and Possible Improvements: A Nationwide Survey



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## A B S T R A C T

## Keywords:

Geriatric dermatology  
 skin diseases  
 skin care  
 dermatologic care  
 nursing homes  
 institutionalized elderly

**Objectives:** To assess the provision and need of dermatologic care among Dutch nursing home patients and to obtain recommendations for improvement.

**Design:** Cross-sectional nationwide survey.

**Setting:** All 173 nursing home organizations in the Netherlands.

**Participants:** Physicians working in nursing homes.

**Measurements:** Web-based questionnaire concerning the burden of skin diseases in nursing home patients, diagnostic procedures and therapy, collaboration with dermatologists, physicians' level of education, and suggestions for improvement.

**Results:** A total of 126 (72.8%) nursing home organizations, with 1133 associated physicians participated in our study and received the questionnaire. A total of 347 physicians (30.6%) completed the questionnaire. Almost all respondents (99.4%) were recently confronted with skin diseases, mostly (pressure) ulcers, eczema, and fungal infections. Diagnostic and treatment options were limited because of a lack of availability and experience of the physicians. More live consultation of dermatologists was suggested as being important to improve dermatologic care. Other suggestions were better education, more usage of telemedicine applications, and better availability of diagnostic and/or treatment procedures like cryotherapy.

**Conclusion:** Physicians in nursing homes are frequently confronted with skin diseases. Several changes in organization of care and education are expected to improve dermatologic care in nursing home patients.

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With the rapid aging of the world population, the number of elderly people in need of long-term care is steadily increasing.<sup>1–3</sup> Although considerable differences between countries with regard to the organization of long-term care for the elderly exist, all countries

seem to share the primary goal to deliver the most appropriate care to this frail population.<sup>4,5</sup> In the Netherlands, elderly with multimorbidity and complex health problems generally live in nursing homes. Specially trained elderly care physicians (officially recognized as a medical discipline within the Netherlands since 1990) provide the medical care in these nursing homes.<sup>6,7</sup>

Skin diseases form a major health problem among institutionalized elderly<sup>8–10</sup> and could have a significant impact on quality of life.<sup>11–13</sup> The most common skin problems in institutionalized elderly are xerosis and eczema, fungal infections, (pressure) ulcers, and both benign and malignant skin tumors.<sup>10,14–17</sup> In all of these diseases, both intrinsic (ie, physiological skin maturation, resulting in a decrease or alteration of several functions) and extrinsic aging of the skin (eg, photo-aging) often play an important role.<sup>10</sup> Furthermore, common geriatric problems including incontinence and an impaired mobility could be important etiologic factors in skin diseases among institutionalized elderly.<sup>10,18,19</sup>

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Despite of the prevalence and the impact on quality of life, little is known about the provision and need of dermatologic care in institutionalized elderly. The aim of this study was to assess the provision and need of dermatologic care according to physicians in nursing homes. Furthermore, recommendations for improvement were obtained.

## Methods

### Questionnaire Design

A 49-item Web-based questionnaire was developed and pretested in several multidisciplinary brainstorming sessions attended by multiple elderly care physicians and dermatologists ( $n = 24$ ). The main sections in the final questionnaire contained questions about the provision and need of dermatologic care among nursing home patients, diagnostic procedures and therapy, collaboration between primary and secondary care providers, level of medical education, and suggestions for improvement. The diagnostic section included dermatoscopy and punch biopsy as frequently used diagnostic procedures in dermatologic diseases. Because other frequently used diagnostics (ie, laboratory tests and cultures) are widely available, these were not included in the questionnaire. The question types mostly used were 5-point Likert scales and multiple choice questions (examples are shown in Figure 1).

### Study Population and Questionnaire Administration

Data were collected between October 2013 and April 2014. All nursing home organizations within the Netherlands ( $n = 173$ ) were approached by telephone to give information about our study. When interested, the link to the Web-based questionnaire was sent to a contact person (mainly a medical director), who further distributed the questionnaire to all physicians working in the organization. At least 2 attempts were made to contact an organization. All physicians working in nursing homes who were willing to participate were included (ie, elderly care physicians, elderly care residents, and junior doctors). Approximately 4 weeks later a reminder was sent.

### Statistical Analyses

For numerical data, we calculated means and SDs. Categorical data were expressed as numbers and percentages. We tested for selection bias due to nonresponse, comparing the age and gender of the respondents with the target population. Reference data about the target population were available only for elderly care physicians and elderly care residents because of limited availability of national registries.<sup>20</sup> In subgroup analyses, we stratified the respondent-based years of experience ( $<10$  years or  $\geq 10$  years). To examine the statistical significance of differences in responses, we used 2-sample  $t$ -tests for numerical variables and  $\chi^2$  or Fisher exact tests for categorical variables. Differences were considered to be statistically significant when  $P$  was less than .05. We used a complete case approach for analyses. Data analyses were performed using the Statistical Package for Social Sciences (SPSS) for Windows, version 20.0 (IBM Corporation, Armonk, NY).

## Results

A total of 173 nursing home organizations were contacted, of which 126 (72.8%) were interested in participating. A total of 1133 physicians received the link to the Web-based questionnaire, of which 362 (32.0%) completed the questionnaire. After exclusion of 15 nonphysician respondents, 347 questionnaires (30.6%) were eligible

How often were you confronted with a skin condition in your patients during the past 3 months?

- Never
- 1–3 times
- 4–6 times
- 7–9 times
- 10 times or more

Did you ever attend continuing medical education on a dermatology-related subject?

- Yes
- No

Fig. 1. Examples of questions used in the questionnaire.

for inclusion. Age and gender of the respondents showed no statistically significant differences compared with the target population, indicating representativeness regarding these characteristics (data not shown). Table 1 provides an overview of the respondent characteristics.

### Provision and Need of Dermatological Care in Nursing Homes

Of the participants, 99.4% ( $n = 345$ ) were confronted with a dermatologic problem in 1 or more patients during the past 3 months, of which 62.5% ( $n = 217$ ) 10 times or more. Skin diseases most respondents were confronted with during the past 3 months were (pressure) ulcers (94.2%), eczema (88.2%), fungal infections (87.0%), pruritus sine materia (78.4%), bacterial infections (61.7%), and cutaneous (pre)malignancies (59.4%). A complete overview is shown in Figure 2.

### Diagnostic Procedures

Only a few respondents had the possibility to perform dermatoscopic examination (6.1%) or punch biopsy (32.0%) within their organization. Furthermore, an even smaller number actually ever performed these diagnostic procedures and only a limited proportion of respondents had the possibility to ask a colleague to perform them. Subgroup analyses showed no significant differences based on years of experience. More detailed data are shown in Table 2. Finally, a considerable proportion of the responding physicians considered themselves completely incompetent to perform these diagnostic procedures (64.0% and 50.4%, respectively). A complete overview of the self-assessed competence is presented in Table 3.

Table 1

Responder Characteristics of This Cross-Sectional Nationwide Survey Among Physicians in Dutch Nursing Homes to Evaluate Current Dermatologic Care

Characteristics	Mean $\pm$ SD	n (%), n = 347
Age, y, mean $\pm$ SD	43.94 $\pm$ 11.49	NA
Male gender, n (%)	NA	105 (30.3)
Physician subgroup, n (%)		
Specialist	NA	244 (70.3)
Resident	NA	34 (9.8)
Junior doctor	NA	59 (17.0)
Other	NA	10 (2.9)
Years of experience in elderly care, mean $\pm$ SD	11.83 $\pm$ 9.45	NA
No. of patients, mean $\pm$ SD	58.40 $\pm$ 25.81	NA

NA, not applicable.

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