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OPINION ARTICLE

# Motivational Interviewing in Dermatology☆

## La entrevista motivacional en dermatología

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Dermatologists in routine clinical practice do not have a great deal of time to spend with each patient. In the short time available for each visit, we must obtain a clinical history, perform a physical examination, establish the most likely diagnosis, decide on a course of treatment, and motivate the patient to adhere to the prescribed regimen. It would appear that very little time is left to spend on building a therapeutic relationship and finding out about the patient's doubts and concerns relating to their condition; this lack of time could ultimately have a negative effect on the patient's adherence to treatment.

Poor adherence to treatment is one of the leading causes of treatment failure.[1] In dermatology, the average rate of adherence to treatment is between 55% and 66%, and this figure falls even lower in the case of topical treatments[2] and chronic conditions. Moreover, the treatment of chronic diseases often requires patients to change their behavior or habits. Adherence varies according to the disease; the estimated rate is 79% for chronic urticaria[3] and much lower for other diseases, such as acne, atopic dermatitis, and psoriasis, in which some authors estimate that it may be as low as 30%.[4]

This lack of adherence is due, on the one hand, to doubts patients may have about the need for treatment and, on the other, to their worries about possible adverse reactions.[5] Such doubts and concerns can be addressed, but only if a quality patient-physician relationship that facilitates effective communication is established. The results of a survey of 300 patients with moderate to severe plaque psoriasis showed that 54.6% of them had consulted 3 or more dermatologists before coming to the current treatment centre, and 70% of these patients had changed physician because they were unsatisfied with the care they received or with the treatment prescribed.[6]

Several strategies have been shown to increase patient adherence to treatment in dermatology, including more frequent office visits (white coat adherence), asking the patient to keep a written diary of the treatments applied, and personalized educational visits lasting 2 hours (because consultations lasting 15 to 30 minutes failed to increase adherence).[7] However, none of these strategies are very realistic in the context of current clinical practice.

To further complicate matters, patients—especially those with chronic disorders—now expect to feel that their physician listens to them and understands them and believe that they should have some say in decisions about treatment. The phrase ''no decisions about me without me''[8] has become a felicitous slogan describing today's patient-centered approach to medical practice.

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Consequently, dermatologists now face the challenge not only of dealing with the clinical aspects of care, such as performing examinations and tests as well as diagnosis and treatment decisions, they must also try to increase adherence to treatment while taking into account the patient's expectations and being aware of their concerns. And they must do all of this in record time.

## How Can Motivational Interviewing Help the Dermatologist?

The aim of motivational interviewing (MI), a style of patient-centered care based on the concept of collaboration, is to increase the patient's motivation to change by addressing their ambivalence and exploring factors that could motivate them to change.[9]

MI is a technique that can help dermatologists to increase adherence to treatment and to persuade patients to change habits that exacerbate skin lesions. The technique is not difficult to learn, and training projects in various countries, including Spain, have been met with great satisfaction by dermatologists.[10] Another factor that has contributed to the success of MI is that it can effectively increase adherence even when the intervention takes the form of a brief intervention lasting between 7 and 15 minutes.[11]

A key element of this interviewing technique is that it allows the dermatologist to quickly identify the patient's readiness to change and his or her attitude towards treatment. This strategy saves time and energy because the clinician does not spend unnecessary time and effort on explaining a course of treatment to a person who is not disposed to follow it or on talking about the consequences of not adhering to treatment to a patient who has already decided to follow the regimen.

Change is difficult, however, and as part of their medical training physicians in general and dermatologists in particular have been taught that their job is to resolve the patient's problems quickly and to make patients change unhealthy behaviors by telling them how and why they should do this (the so called *correction reflex*). Almost everyone knows that tobacco is harmful to our health, but merely repeating this fact to our patients will not make them stop smoking. In the case of adherence of treatment, the situation is slightly different: patients want to feel well, of course, but they also have ambivalent feelings about taking medication, either because they are afraid of possible adverse effects or because their perception of the need for treatment differs from that of their doctor, a particularly common problem in patients with chronic conditions. If, when dealing with an ambivalent patient, the dermatologist insists on the need for treatment, the most likely outcome is that the reaction will be ''yes, but''—a response that cancels out the prior explanation.

The underlying premise of MI is a simple one: a short dialogue during which the dermatologist empathizes with the patient and shows an interest in and understanding of the patient's reticence is more effective than a brilliant explanation about which the patient has serious doubts. Studies show that empathy on the part of the physician increases adherence to treatment and that a lack of empathy and a confrontational style are associated with a weak therapeutic alliance and higher drop-out and relapse rates.[12]

Unlike the traditional directive or instructional style, in which the clinician educates and persuades patients in regard to what they should do, MI is more focused on guiding the client. The role of the dermatologist-guide is to listen to and guide the patient while providing support and offering expert information when this is needed. At the end of the process, the clinician collaborates actively with the patient to draw up a treatment plan.[13]

## What is the Evidence Supporting the Use of Motivational Interviewing?

Although there is more evidence for the use of MI in patients with addictive behaviors, the setting in which the technique was developed, its application has spread rapidly to other areas of medicine. Some 200 randomized clinical trials on the effectiveness of MI have been published. In 2005, a systematic review found a significant clinical effect in 3 out of every 4 studies and reported that in 80% of studies MI was more effective than the traditional approach to giving medical advice.[14] Brief IM sessions of under 15 minutes were also shown to be effective in 64% of studies.

The authors of a systematic review published in 2013 found an overall advantage for MI compared to traditional interventions, which reached statistical significance in several addiction care settings. The technique was effective in improving adherence to treatment recommendations, reducing sedentary behavior, improving diet, and increasing physical activity.[15]

## Why Does Motivational Interviewing Work?

MI works for 2 reasons: 1) it favors patient autonomy and commitment to the decisions taken because the intervention of the healthcare professional serves to support patients and strengthen their resolve[16]; and 2) it helps patients to talk about the possibility of change (something that has to be voiced by the patient and not the dermatologist) and when patients hear themselves talking about change their motivation and outcomes improve.[17]

## What is the Method Used In Motivational Interviewing?

MI involves 4 sequential and recursive processes: *engaging, focusing, evoking, and planning*. The technique is analogous to climbing a staircase with 4 steps, taking each step one at a time. Each new step is based on the preceding one and leads to the next step and, like on a staircase, we can always return to the previous step in the course of the interview if more attention to that process is needed.

On the first step the dermatologist's task is to *engage* and bond with the patient. Creating a bond or therapeutic alliance with the patient is not a technique specific to MI, but it is the first step in the creation of a doctor-patient relationship based on trust; the bond can be formed very quickly if first impressions are positive or it may develop over the course of several office visits. Creating such a bond