

PDF hosted at the Radboud Repository of the Radboud University Nijmegen

The following full text is a publisher's version.

For additional information about this publication click this link.

<http://hdl.handle.net/2066/169166>

Please be advised that this information was generated on 2017-12-07 and may be subject to change.

SHORT COMMUNICATION

Improving Dermatological Care for Elderly People Living in Permanent Healthcare Institutions: Suggestions from Dutch Dermatologists

Satish F. K. Lubeeek¹, Eric R. van der Geer², Marleen M. H. J. van Gelder^{3,4}, Peter C. M. van de Kerkhof¹ and Marie-Jeanne P. Gerritsen¹¹Department of Dermatology, ²Department of Primary and Community Care, ³Department for Health Evidence, and ⁴Radboud REshape Innovation Center, Radboud University Medical Center, PO Box 9101, NL-6500 HB Nijmegen, The Netherlands. E-mail: Satish.Lubeeek@radboudumc.nl

Accepted Aug 12, 2015; Epub ahead of print Aug 17, 2015

Dermatologists are increasingly confronted with frail, institutionalized elderly patients, as the world population is ageing rapidly and demand for permanent healthcare institutions is growing (1, 2). Skin problems are common among institutionalized elderly people and can have a significant impact on quality of life (3–6). Furthermore, dermatological care can be challenging and the opportunity to visit an outpatient dermatology clinic may be limited within this population due to factors such as immobility, multimorbidity, and cognitive impairment. The aim of this study was to investigate possible ways to improve dermatological care in this vulnerable population.

METHODS

In 2014, dermatologists and dermatology residents in the Netherlands were asked for suggestions to improve dermatological care in institutionalized elderly people in a nationwide web-based survey of geriatric dermatology. Baseline characteristics and years of experience (or training in case of a resident) of respondents were analysed. Suggestions were categorized into several topics. Data analyses were performed using Statistical Package for Social Sciences (SPSS®, version 20.0, IBM Corporation, Armonk, NY, USA).

RESULTS

Respondent characteristics are shown in Table I. In total, 83 (63.8%) dermatologists and dermatology residents suggested 149 possible ways to improve dermatological care among institutionalized elderly people. The most commonly made suggestions were: more and/or better utilization of telemedicine appli-

cations (27.5%), more visits to permanent healthcare institutions by dermatologists when indicated (22.1%), and more and/or better medical training of healthcare providers (21.5%). According to most respondents medical training should be targeted especially at elderly care physicians (78.1%), nursing staff (15.6%) and, to a lesser extent, dermatologists (6.3%). An overview of the suggested items is shown in Fig. 1.

DISCUSSION

This study provides some important suggestions for improving dermatological care in the institutionalized elderly population, which we believe are essential due to the growing population of elderly people who depend on institutionalized healthcare worldwide and the high prevalence of skin problems within this vulnerable population.

More and/or better utilization of telemedicine was the most common suggestion made. Several studies have shown that telemedicine applications could be of great value in improving medical care in institutionalized elderly people and have a positive effect on healthcare efficacy, quality of life, and a reduction in healthcare costs. The acceptance and feasibility of telemedicine applications were observed to be excellent among patients and caregivers (7–10). Furthermore, both Zelickson & Homan (7) and Binder et al. (8) showed that teledermatology consultations were able to replace some outpatient clinic visits.

Table I. Baseline characteristics for respondents in a web-based survey of geriatric dermatology

Characteristics	Total (n=83)	Dermatologists (n=59)	Dermatology residents (n=24)
Age, years, mean ± SD	42.9 ± 10.6	47.1 ± 9.3	32.0 ± 3.4
Male sex, n (%)	33 (39.8)	30 (50.8)	3 (12.5)
Years of experience, mean ± SD	–	13.8 ± 8.7	–
Year of training, n (%)	–	–	1: 3 (12.5) 2: 4 (16.7) 3: 4 (16.7) 4: 5 (20.8) 5: 8 (33.3)

SD: standard deviation.

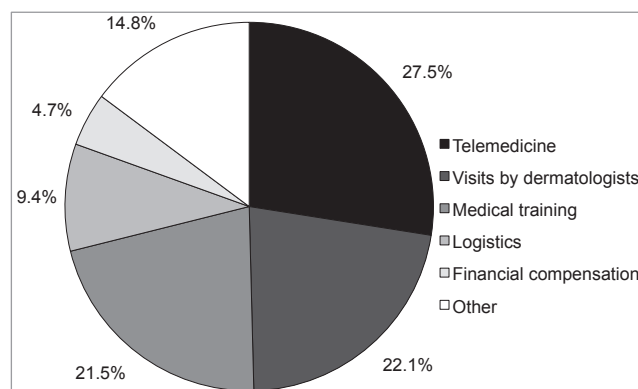


Fig. 1. Suggestions for improvement in dermatological care in permanent healthcare institutions.

Secondly, more visits to permanent healthcare institutions by dermatologists was another commonly made suggestion, which seems to be in concordance with previous studies showing considerable demands for consultation by different medical specialists and that availability of a consultant service by specialists could improve medical care for institutionalized elderly people (11, 12).

The final commonly made suggestion was more and better training of healthcare providers, especially elderly care physicians. This is despite the fact that basic dermatological training is currently included in most specialist training programmes for elderly care physicians across the Netherlands. A previous study showed a considerable demand for more and better continuing medical education among nursing home physicians, which emphasizes the importance of further development of educational programmes in the future (13). Finally, the Dutch Order of Medical Specialists is currently focussing more attention on elderly care in medical specialty training, including dermatology (14).

In conclusion, more (telemedicine) consultations and better medical training of healthcare providers seem important ways to improve dermatological care in permanent healthcare institutions. Future directions for researchers, health policymakers, and physicians should be focused on these aspects.

ACKNOWLEDGEMENTS

Conflicts of interest: SL, EvdG and MvG have no conflicts of interest to declare. PvdK served as consultant for Schering Plough, Celgene, Centocor, Allmirall, UCB, Wyeth, Pfizer, Sofinova, Actelion, Galderma, Novartis, Janssen Cilag, Abbott, and LEO Pharma. He received research grants from Centocor, Wyeth, Schering Plough, Merck Serono, LEO Pharma, Philips Lighting, Pfizer, Janssen Cilag and Abbott. He carries out clinical trials for Allmirall, Celgene, GlaxoSmithKline, Eli Lilly, Amgen, Centocor, Wyeth, Schering Plough, Merck Serono, Abbott and Philips Lighting. MG received speakers' honoraria from Galderma, 3M and Medac and joined Galderma and LEO Pharma advisory board. Furthermore, she received financial support from PhotoCure, Galderma, LEO Pharma and 3M, for performing clinical trials.

REFERENCES

1. United Nations, Department of Economic and Social Affairs, Population Division. World population prospects: the 2012 revision. New York: United Nations, 2013.
2. Bettio F, Verashchagina A. Long-term care for the elderly: provisions and providers in 33 European countries. Rome: European Commission, 2012.
3. Smith DR, Leggat PA. Prevalence of skin disease among the elderly in different clinical environments. *Australas J Ageing* 2005; 24: 71–76.
4. Kilic A, Gul U, Aslan E, Soylu S. Dermatological findings in the senior population of nursing homes in Turkey. *Arch Gerontol Geriatr* 2008; 47: 93–98.
5. Shah M, Coates M. An assessment of the quality of life in older patients with skin disease. *Br J Dermatol* 2006; 154: 150–153.
6. Gorecki C, Brown JM, Nelson EA, Gorecki C, Brown JM, Nelson EA, et al. Impact of pressure ulcers on quality of life in older patients: a systematic review. *J Am Geriatr Soc* 2009; 57: 1175–1183.
7. Zelickson BD, Homan L. Teledermatology in the nursing home. *Arch Dermatol* 1997; 133: 171–174.
8. Binder B, Hofmann-Wellenhof R, Salmhofer W, Okcu A, Kerl H, Soyer HP. Teledermatological monitoring of leg ulcers in cooperation with home care nurses. *Arch Dermatol* 2007; 143: 1511–1514.
9. Janardhanan L, Leow YH, Chio MT, Kim Y, Soh CB. Experience with the implementation of a web-based teledermatology system in a nursing home in Singapore. *J Telemed Telecare* 2008; 14: 404–409.
10. Grabowski DC, O'Malley AJ. Use of telemedicine can reduce hospitalizations of nursing home residents and generate savings for medicare. *Health Aff (Millwood)* 2014; 33: 244–250.
11. Balzer K, Butz S, Bentzel J, Boulkhemair D, Lühmann D. Medical specialist attendance in nursing homes. *GMS Health Technol Assess* 2013; 9: Doc02.
12. Schipping W, Hartinger G, Hierzer A, Osprian I, Bohnstingl M, Pilgram EH. Mobiler geriatrischer Konsiliardienst für Pflegeheime. *Z Gerontol Geriatr* 2012; 45: 735–741.
13. Lubeek SF, Van der Geer ER, Van Gelder MM, Koopmans RT, Van de Kerkhof PC, Gerritsen MJ. Current dermatologic care in Dutch nursing homes and possible improvements: a nationwide survey. *J Am Med Dir Assoc* 2015; 16: 714.e1–6.
14. Royal Dutch Medical Association, College Geneeskundige Specialisten. Ouderenzorg in de opleiding. [Anchoring care for the elderly in medical specialty training programmes: from the competences needed to training requirements.] Utrecht: Royal Dutch Medical Association, 2013. Available from: <http://knmg.artsennet.nl/Opleiding-en-herregistratie/CGS/Project-Ouderenzorg/Downloads.htm> (In Dutch).