

7. PREVALENCE OF ATOPIC DERMATITIS IN INFANTS AND CHILDREN IN TIANJIN, CHINA

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Background: Prevalence rates for Atopic Dermatitis (AD) vary from country to country and there are substantial differences between regions on the same continent. Environmental factors play a role in this variation; these factors seem to be related to socioeconomic differences. In China, low prevalences have been reported, contrasting sharply with the high prevalences in nearby Japan. China is currently in a rapid transformation, driven by a high rate of economic growth. The onset of this growth was earlier in the large cities.

Objective: To obtain reliable age specific estimates of the prevalence of AD in a rural and an urban environment, to test whether there are differences, and to check whether these differences are related to different patterns of immunisation, allergic history and family income.

Methods: A (cluster) sample was drawn from kindergartens and primary schools in Tianjin city, and in a rural district outside Tianjin. The total sample included 4483 children. Questionnaires based on the ISAAC questionnaire were via the teachers distributed to the children. If the returned questionnaire indicated the presence of AD, this was verified by a dermatologist.

Results: With 3708 returned questionnaires the response rate was almost 83%. The crude prevalence in 1–6 yr olds was 2.9%. Age specific prevalences ranged between 1.7 and 4.8%. Prevalence in the city was 2.4%, while the rural prevalence was 3.5%. Prevalence was not associated with immunizations, family size or family income, while a history of childhood diseases appeared to be a contributing factor.

Conclusions: The prevalence in this region in China is relatively low, without differences between city and rural area. Apparently, the anticipated transition to higher prevalence has not yet taken place. Cohort studies may give an opportunity to study the risk factors that are associated with the anticipated rise in prevalence.

8. PSORIASIS IN NORWEGIAN TWINS

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Objectives: To describe the occurrence and risk of psoriasis in Norwegian twins and to explore age and sex specific characteristics of the disease.

Methods: In 1998 the National Institute of Public Health in Oslo conducted a population-based health survey among Norwegian twins born between 1967 and 1979. This historical cohort consists of more than 12 000 twins identified through the national Medical Birth Registry. We have analyzed the self-reported history of psoriasis among the 8045 questionnaire responders.

Results: Altogether, 334 (4.2%) individuals reported a positive history of psoriasis. The overall prevalence rates were similar in females and males. However, the point prevalences in the teenage four-year intervals were significantly higher in females. A nearly linear increase in incidence rates was observed for both females and males but peaked at different ages. Sex differences emerged in the absolute risks of developing psoriasis across the whole age distribution, but by the age of 31 the cumulative incidence was similar in both sexes. Mean age at onset of the disease was significantly lower in females than in males (14.8 years and 17.3 years, respectively).

Conclusions: We have found a high prevalence of psoriasis in this historical cohort of twins aged 19–31 years. The observed sex disparity in the natural history of psoriasis will be elucidated. Methodological considerations will be discussed.

9. DEVELOPMENT OF THE GERMAN EVIDENCE BASED GUIDELINE ON THE TREATMENT OF PLAQUE PSORIASIS

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Objectives: To develop an accepted evidence-based guideline for the treatment of plaque psoriasis in Germany.

Methods: In a first step systematic search for existing evidence based clinical guidelines for plaque psoriasis was performed in the G.I.N. database and other sources. Based on these results the guideline protocol was developed. The base of the guideline project will be an extensive systematic search of the databases MedLine, Embase and the Cochrane library. The literature will be critically appraised by a group of 10 (5 + 5 group) dermatologists (5 from university hospitals and 5 from private practices). The 5 + 5 group will formulate a first version of the guidelines, which will be discussed in the extended guideline group that will include other specialists as well as patients. The project will be supported by the Deutsche Dermatologische Gesellschaft (DDG) as well as the Berufsverband Deutscher Dermatologen (BVDD) (the German organisations for dermatologists in hospitals and private practices).

Results: The G.I.N. database research revealed several guidelines. Among those the Dutch guideline "Photo(chemo)therapy and systemic therapy for severe chronically plaque type psoriasis" was found to serve as a good base for the German guideline. The methodology of the Dutch guidelines will be adapted. The German guideline project started in the beginning of 2004. The first 5 + 5 meeting will take place at the end of June 2004. The aim of this meeting will be critical appraisal the Dutch guidelines and familiarize the 5 + 5 group with the critical appraisal of the literature and the verbalisation of the guideline.

Conclusions: There is a strong need for developing broadly accepted evidence based guideline for common diseases like plaque psoriasis. So far the development of guidelines is mostly limited to specific countries. Although in Europe national differences in patient care as well as in therapy preferences may differ significantly, an international cooperation of guideline groups should be attempted with the final aim to create a European Guidelines.

10. SELF-REPORTED ITCH AND MENTAL HEALTH. A NORWEGIAN SURVEY AMONG ADULTS

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Background: Itch is a symptom common to several chronic skin diseases and frequently encountered in the dermatological consultation. Unlike other dermatological visible symptoms itch is subjective and often challenging for clinicians.

Objective: The aim of this study was to describe the prevalence of self-reported itch and to analyse the associations of itch with psycho-social factors in the general population.

Materials and Methods: The method used was a questionnaire on self-reported skin complaints. It was previously developed and validated. The design of the study was cross sectional. 40 888 in the city of Oslo, in age groups 30, 40, 45, 60 and 75 received a postal questionnaire. It included questions on self-reported health, and psycho-social factors as mental distress, negative life events and social network. 18 770 responded, thereby obtaining a response rate of 46%. A non responder study has been conducted.

Summary of Results: In this urban population the prevalence of itch among adults 8.4% and of mental distress 11.2%. Among the mental distressed 15.9% itch quite a lot and very much compared to 7.5% of the non mental distressed. In a logistic regression model for each gender separately the odds ratios for itch was 1.81 (1.33; 2.46) for men and 1.39 (1.07; 1.81) for women when having experienced more than two negative life events. Further the odds ratios for itch when mentally distressed was 1.81 (1.21; 2.70) for men and 1.94 (1.47; 2.55) for women. In an adjusted model for mental distress the odds ratios for itch was 1.70(1.12; 2.57) for men and 1.82 (1.37; 2.42) for women for itching quite a lot or very much.

Conclusions: This study showed that the symptom itch is common in the community and that there is a strong association between self-reported itch and psycho-social factors in the general population. These findings should be retained in the dermatological consultation.

11. THE MEANING OF SKIN DISEASE: THE IMPORTANCE OF QUALITATIVE RESEARCH

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Skin disease has meanings, which derive from social & cultural understandings, which are of course informed in the contemporary world by scientific & professional research & knowledge. But the latter do not by any means wholly determine popular beliefs and perceptions at the level of the general public, nor at the level of the individual who has such disease. These meanings are often longstanding, constantly reinforced & amplified, continuing & in force even in the face of calculated rational efforts to counter them.

In consequence, behaviour rests upon preconceptions, beliefs and values, which can be at odds with the notions & goals underpinning professional therapeutic decisions for example, not uncommonly undermining them. Treatment itself is a challenge to understanding, with "meanings" to be determined & unravelled by the patient & the wider community alike. Nor should it be thought that medical & related concepts, knowledge & practise are insulated from wider cultural conceptions. The EDEN Network findings & others provide ample evidence that clinical decisions are influenced, even founded upon, considerations other than scientifically grounded evidence & support. They include "tradition", custom & practice, personal preference, commercial/promotional influence, & political considerations & constraints.

It is easy to make the mistake of ignoring such realities, failing to take lay, "folk" or "vernacular" understandings, concerns & behavioural practices seriously; & to dismiss them as simply irrelevant, or falsely founded & problematic, requiring no more than "correction". Recent enthusiasm for cognitive & behavioural intervention as a component of treatment reflects in some measure a drive to secure patient "pacification", & behavioural compliance with the specifics of a therapeutic regime, without any serious attempt to understand the complexity of the social "world" within which the patient operates & the justifiable broader goals & constraints which influence, even direct, him/her. "Chronicity" is a central feature of that experience & the enduring everyday reality which has to be addressed by the patient, his supporters, & those with whom he has wider social encounters. It should not be ignored by the professional who has been consulted.

The meaning of skin disease in this wider sense is unlikely to be revealed by means of investigative instruments designed for, & more suited to, quantitative research. An approach akin to the natural observational, ethnographic, interpretive field research traditions of social anthropology and qualitative sociology is more likely to bring useful knowledge & understanding. We know, & give explicit recognition to, all too little of what people actually "do" & don't do, & the rationale for it, in relation to their disease & treatment. We have no sound basis in descriptive fact, nor much by way of a framework for understanding & interpretation of dermatological illness behaviour. Thus far the approach of Dermatologists to "disability, & their understanding of it, has lagged behind that of colleagues in other specialties. This has made their well-motivated efforts to deal with it individually & collectively less effective than they should & could have been.

The evidence or "data" in enquiry designed to explore all this will be "soft" rather than "hard", but deserve to be taken seriously nonetheless. Such a concern for uncovering meaning imbedded in culture & everyday social organization will inevitably too, shift at least some of the attentions of dermatologists away from sole & precise focus upon individuals, the skin itself as an organ, & diseases afflicting it, to encompass the meaning of dermatological disease & its management for the community and the wider public, as crucial to their professional concerns. It makes more likely & more genuinely effective moreover, the "conversation" with patients & their representatives, in striving for concordance in therapy at an individual level; & at a collective level, partnership in joint "political" activity directed towards countering prejudice & discrimination, securing appropriate resourcing, & improving quality of life, public health & the general well-being.

If the everyday world of the individual with skin disease is seen & understood in a broader cultural & social context, then Clinical Dermatology could be reshaped to include at its heart genuine community engagement. The first step may be to recognise the value of qualitative research which could inform a more comprehensive & better understanding of the fact that there is more to skin disease than simply disease of the skin.