

Educational Seminars For Atopic Patients, A New French Series.

S Osdoit, G Guillet

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Abstract

Objective: to determine the immediate impact of educational seminars on the self- management of patients with moderate to severe atopic dermatitis. **Design:** Prospective single centre study **Patients:** 346 patients, 128 children (age 0 to 10 years), 18 teenagers (age 11 to 17 years) and 197 adults (age 18 to more than 61 years), taking part in educational seminars in La Roche Posay thermal health resort between 2008 and 2009. **Results:** Before the seminar, 27% patients never received information about atopia. 18% patients never use steroids because of fear. 78% patients declared a regular use of moisturizing therapy. 92% patients found an interest in the seminar. 80% patients thought that the advice and recommendations provided during the session would improve their self-management of eczema. **Conclusion:** This new series assess the behavioural changing after the educative session and the strong need of personalized information in atopic patients. Écouter Lire phonétiquement

INTRODUCTION

Atopic eczema is a chronic relapsing inflammatory skin condition affecting up to 15% children in France (1). Its incidence is critically increasing in industrial countries. Treatment modalities include barrier repair therapy and topical immunomodulating agents. Since compliance to local treatment proves to be difficult in childhood, therapeutic education seems to be needed for both patient and family. Patient education has already been proved as having a key role in the management of chronic diseases such as diabetes or asthma. In the field of atopic dermatitis, various educational programs have been assessed for patients suffering from this chronic disease, with great improvement of quality life index and reduction of domestic conflicts (2;3; 4). We report the results of a prospective single centre study concerning 346 patients with moderate to severe atopic dermatitis, taking part in educational seminars in La Roche Posay thermal health resort between 2008 and 2009. We assessed therapeutic habits before the seminar and his immediate impact on treatment, personal hygiene, and comprehension of the disease.

PATIENTS AND METHODS

All patients participating to the educational seminar between 2008 and 2009 were included (n=346): 128 children (age 0

to 10 years), 18 teenagers (age 11 to 17 years) and 197 adults (age 18 to more than 61 years). Educational sessions were organized every 3 weeks at La Roche Posay health resort in order to promote a good understanding of the disease, complications, treatment and triggering factors. Concerning children, fun educative workgroup with nurses and dermatologists learning topical care and personal hygiene were organized. An anonymous questionnaire was given to all patients before starting the seminar, collecting data about age of the first symptoms, associated symptoms (itch, sleeping troubles), evolution pattern (remission period, reactivation), associated respiratory symptoms such asthma or rhinitis, prior treatment, prior allergic investigations, prior information about atopy. Another questionnaire was given at the end of the session exploring the immediate impact and benefits gained by attendance at the seminar.

RESULTS

The mean age of onset of dermatitis was 12 years ranging from 1 month to 83 years. Eczema was present without interruption in 74% cases and with remission period longer than 3 months only in 8% cases. For 5% children, eczema was ameliorated during summer. Most of the patient suffered from other atopic symptoms, such as rhinitis (29%), food allergy (27%), asthma (25%) or conjunctivitis (19%). Allergy explorations were performed before the seminar for

most of the patients: Food allergy and airborne allergens were each searched in 37% patients and contact sensitization was assessed only in 27% patients. Before the seminar, 27% patients never received information about atopic.

Concerning the treatment, 81% patients used topical steroids but 49% very rarely. Only 13% used more than one tube of topical steroids per month. 18% patients never use steroids because of fear for 76% of them or dependence for 34%.

Antihistaminic therapy was widely used by 58% patients to enhance itching (50%), sleeping (37%) or eczema himself (12%). 78% patients declared a regular use of moisturizing therapy but the tolerance was bad for 59% of them.

Concerning systemic therapy, oral steroids were used in 41% cases, and PUVA in 29%.

92% patients found an interest in the seminar. Most patients said they would change their habits following the seminar: 35% intended to change their personal hygienic and clothing habits, 50% intended to modify their use of topical steroids and 32% their use of antihistaminic therapy. 73% patients considered consulting a dermatologist or an allergist aftermath the seminar. 80% patients thought that the advice and recommendations provided during the session would improve their self-management of eczema.

DISCUSSION

Relationship between dermatitis severity, anxiety, and life quality has been well demonstrated (5). Several study assessed the improvement of quality life index and of eczema severity (SCORAD score) after educative interventions (4;6;7;8). Furthermore, it appears that quality of family life is related to the severity of atopic dermatitis in children (2). Educational seminar proved to be also efficient in improvement of quality of family life (3).

Therapeutic education plays a key role in the compliance and efficacy of treatment.

To our knowledge in France, our series includes the largest number of patients including 197 adults whereas most of previous studies are devoted to children (9; 8; 6). Our results are consistent with our preliminary report (7) concerning 103 adults patients in 2003: approximately 25% patients never received any information about their disease and 55% had only partial information. After the seminar 90% patients have learned about their illness and are considering changing their atopia self-management. These results show patients' need of information and personalized care.

Up to 72.5% of people worry about using topical

corticosteroid on their own child's skin and 20% of them admit to having been non-compliant with the treatment because of this fear (10). They perceive the risk of skin thinning and systemic absorption. In our study, educational seminar seems to improve the efficient use of topical steroids among educated patients.

Moisturizing topical therapy was widely use by 78% of our patients but general tolerance was bad. The importance of restoring the skin barrier has been well demonstrated (11) and educational sessions emphasize the use of adequate hygiene.

The impact of this study is limited by an immediate assessment of seminar's impact, not allowing a long-term assessment of therapeutic and behavioural changes.

CONCLUSION

Educative seminars have proved to be efficient in the improvement of self-management of atopic dermatitis. This new series assess the behavioural changing aftermath the session and the strong need of personalized information in atopic patients.

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Author Information

S. Osdoit

Department of Dermatology, Centre Hospitale Universitaire, University of Poitiers

G. Guillet

Department of Dermatology, Centre Hospitale Universitaire, University of Poitiers