Improving Dermatological Care in Psychiatric Inpatients

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Abstract:

Introduction & Objectives: Psychiatric patients are at a greater risk of dermatological disease with schizophrenia patients more likely to suffer from psoriasis than the general population. Potential mechanisms include the hypothalamic pituitary adrenal axis dysfunction resulting in increased cortisol, and also raised systemic inflammation leading to dermatological disease manifestations.

Psychiatric patients are also less able to comply with complex treatment plans relating to dermatology when unwell. This is compounded by inexperience of many psychiatrists in prescription of topical treatments and knowledge of dermatology.

Within our inpatient psychiatric unit patients clinical notes were reviewed to ascertain if they were known to dermatology and were receiving treatment. Data was collected to ascertain if topicals were continued while a psychiatric inpatient and if the correct topical was prescribed.

Materials & Methods: Patients clinical notes were reviewed and patients underwent clinical examination to ascertain if active dermatological disease was present.

As detailed below interventions to improve access of dermatological treatment involved educational sessions delivered to attending physician colleagues to improve their awareness of dermatological diseases. This was combined with flow charts demonstrating potency of topical steroid formulations and combined with “grab bags” so each ward environment had topical treatments available.

Results: Conditions captured included vitiligo, acne, atopic dermatitis, hidradenitis suppurativa, psoriasis, and lichen planus. From review patients still had signs of active disease and PASI scores/EASI scores were higher than recorded when out patients known to dermatology. Topical treatments were prescribed in only 25% of patients and the correct topical previously suggested by dermatology in only 12.5% (1 in 8 patients). Overall 75% of patients with active dermatological disease were receiving no treatment.

To combat this we undertook a multifaceted approach; increased education of physician colleagues, charts with common dermatology topicals were created to increase familiarity with treatment modalities and a stock of common topicals obtained from pharmacy to create “grab bags” in ward stocks so if a topical was selected treatment could begin.

Following the above interventions the patinet population was readutited. 80 patients were captured within our audit; following the above measures the % of patients receiving continued correct topical