

A HOLISTIC APPROACH TO PSYCHOLOGICAL ASSESSMENT OF DERMATOLOGY PATIENTS

A TWO-WAY PROCESS



‘Holistic’ – treating the whole person rather than just the symptoms of a disease.

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Skin disease can have a devastating effect on a person's physical and psychological wellbeing as stated in the All Party Parliamentary Group on Skin (APPGS) Enquiry into the Psychological and Social Impact of Skin Diseases on People's Life 2013.¹ From this enquiry and subsequent recommendations, it is clearly evident that skin conditions can have a major detrimental impact on psychological wellbeing and consequently lead to a poor quality of life.

The skin is the largest organ of the body and the most visible. In society much emphasis is placed on looks and appearance, yet little attention is placed on the psychological effects of skin conditions and the challenges faced by those who suffer from a visible skin disease. As healthcare professionals (HCP), we are acutely aware that a long-term skin disease may not be life threatening but can be life ruining, affecting not only the person but also parents, partners and all family members. Evidence received from this enquiry highlights the extent of the impact on a person living with skin disease such as schooling, relationships, self-esteem, career choices, leisure activities and may also lead to social isolation.

Significantly, recognition and recommendation from the APPGS enquiry is that priority should be given to the provision of proper dermatological training for GPs, nurses and pharmacists which should also include recognition of a biopsychosocial impact of living with a skin disease. An Impact Brief from Macmillan Cancer Support states that HCPs with training should be able to assess and initiate treatment at level 2 using the NICE Four-tier model of professional psychological assessment and support for oncology and palliative care (2004).² Although designed for oncology patients, it fits well with dermatology patients with chronic skin conditions and is a valuable guide in assessing if a patient requires referral to a specialist service.

THE NICE APPROVED FOUR TIER MODEL OF PSYCHOLOGICAL SUPPORT

LEVEL	WHO SHOULD PROVIDE IT?	WHAT SHOULD BE ASSESSED?	WHAT IS THE INTERVENTION?
1	All health & social care professionals	Recognition of psychological needs	Effective information giving, compassionate communications and general psychological support
2	Health & social care professionals with additional expertise (including CNS)	Screening for psychological distress	Using standardised screening/assessment tools e.g. Distress Thermometer, Dermatology Life Quality Index etc.
3	Trained and accredited professionals	Assessments for psychological distress and diagnosis of some psychopathology	Counselling and specific psychological interventions such as anxiety management and solution focused therapy, delivered according to an explicit therapeutic framework
4	Mental Health Specialists	Diagnosis of psychopathology	Specialist psychological and psychiatric interventions such as psychotherapy, including cognitive behavioural therapy

Adapted from Macmillan Impact Briefs: Psychological and Emotional Support²

The HCP must also be fully aware of the fact that most inflammatory skin diseases such as eczema and psoriasis are long term conditions which will require long term care throughout a person's life.

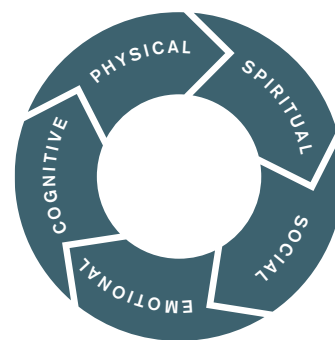
Addressing the psychosocial need of patients is essential to the success of any dermatological intervention and can improve patient experiences and outcomes.³

Psychological distress is frequently reported as a precipitant of, or exacerbating factor in, skin disease and can be a major determinant in the outcome of treatment options.⁴ It is therefore important that we look beyond the clinical or physical assessment and look at the patient as a "whole person" in other words a holistic needs assessment.

A holistic needs assessment may be described as a discussion with a patient's doctor, nurse or other HCP involved in care to talk about the physical, psychological, spiritual, social and cognitive needs. The focus being on the person as a whole and not just their illness.⁵

The aim of holistic assessment is to provide not only a physical assessment of the person's condition but to take into account and document the biopsychosocial, spiritual and cognitive assessment of the person. This should/could be revisited at any stage throughout their presenting condition and may help to determine treatment pathways and strengthen more positive outcomes.

The HCP must be aware of some of the barriers which may deter a person from revealing their physical, spiritual or psychosocial concerns e.g. lack of confidence, social skills or health literacy to ask questions or discuss concerns. They may also experience a feeling of guilt e.g. about their lifestyle such as smoking, drinking etc., admitting emotional or physical distress may make a person feel inadequate.



POINT OF INTEREST

*William Osler 1849
-1919 was a Canadian
Physician who stated
“it is much more
important to know
what sort of patient
has the disease than
what sort of disease
the patient has.”⁶*

PHYSICAL

History taking and assessment are elementary in the consultation with the patient who usually will present with a rash or a lesion. The following are key questions:

- **ONSET** – where and when did it start – has it spread – previous episodes – does this differ?
- **IS IT ITCHY?**
- **TREATMENT** – what has been used in the past – did it help or make it worse?
- **MEDICATION** – prescribed or over the counter – what has been taken or applied to the skin?
- **FAMILY HISTORY** – is there a family history of skin disease?
- **EXAMINATION** – the entire body should be examined as the distribution of a rash for instance, can help with diagnosis

SOCIAL

It is important to ascertain the lifestyle of the person and explore how their condition impacts on other aspects of normal life. It is useful to know:

- **OCCUPATION AND HOBBIES** – is there exposure to substances – do they work in a stressful environment – does the condition improve when away from the work place for some time e.g. contact dermatitis?
- **HOME** – is there support e.g. help with treatment application?
- **RELATIONSHIPS** – remember patients often feel shame which can result in isolation
- **ACTIVITIES** – has there been a curtailment of activities e.g. swimming, sport or social isolation?
- **FOREIGN TRAVEL** – has the person recently travelled to a foreign land?
- **DO THEY HAVE A PET?**
- **CONSIDER/DISCUSS THE FINANCIAL BURDEN** – loss of job – travel to hospital for treatments – multi prescription costs?

HOLISTIC NEEDS ASSESSMENT

SPIRITUAL

Spirituality reflects unique psychological and cultural dimensions around which individuals organise lives, goals, values and intentions. It also offers hope, meaning and opportunity. It is associated with happiness and positive health perceptions and may therefore act as a driver in adjustments to health challenges. Spirituality is a psychosocial variable that may influence the course of health over an individual's lifetime. It is important for the HCP to help the person to explore the meaning of health. It is defined by the World Health Organisation (1948) as "A state of complete physical, social and mental well-being and not merely the absence of disease or infirmity."⁷

EMOTIONAL

The impact of skin disease may not always be related to the objective measurement of severity. Recognition of the fact that severity of a skin condition may not be directly related to how the person copes psychologically is important. The challenges for those affected by their condition are varied and can be life changing, due to the fact that high visibility can increase the likelihood of stigmatisation. Physical impact of disease can be debilitating. It is also important to recognise that stress can be related to complex treatment options – do not make the treatment worse than the disease.

A quality of life assessment will identify this aspect of a patient's history. Examples of Quality of Life tools can be found in a later section.

COGNITIVE

The HCP must ascertain what is the person's level of understanding of their condition. This is key to the educational input necessary to allow the patient to make an informed choice in the management of the condition. Information and education on the condition must be delivered in a language the person will understand, being mindful of health literacy.

WHAT THE PATIENT NEEDS TO KNOW:

- The nature of the condition
- Treatment options
- How the treatment works
- How the treatment should be used
- Expected outcome of treatment – timeframe
- This will enable them to be an active partner in decision making

IT WOULD BE USEFUL TO ASCERTAIN:

- What are their expectations of the consultation?
- Do they want a cure?
- How do they feel about others reaction to their condition as acceptance in society is often dictated by physical appearance?
- Do they want to be involved in decision making about treatment options?

A holistic needs assessment can be approached by utilising psychosocial measurement tools as part of the consultation and embedding these into routine clinical practice.⁹

POINT OF INTEREST

"Health literacy is about people having enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care."⁸

What is the difference between screening and assessment?

They both share objectives but are distinguished by different purposes and often require different methods.

Screening is a triage process which is brief, pragmatic and a rapid method of identifying persons with psychological distress. It helps identify the nature of distress and can determine the right course of action.

Assessment is a more comprehensive and individualised examination of the psychosocial need often identified in **screening**. A careful **assessment** is essential in the development of an individualised plan.

In order to do this a HCP should identify useful **screening** and **assessment** tools for the management of patients with skin conditions and associated psychosocial complications.

The following tools, in the form of questionnaires, have been identified as suitable for this purpose.

SCREENING TOOLS

- Dermatology Life Quality Index (DLQI)
- Children's Dermatology Life Quality Index (CDLQI)
- Generalised Anxiety Disorder – 7 (GAD-7)
- Patient Health Questionnaire – 9 (PHQ-9)

SCREENING AND ASSESSMENT

DERMATOLOGY LIFE QUALITY INDEX (DLQI)

The DLQI questionnaire was the first dermatology specific questionnaire accepted as the standard to measure health related quality of life for dermatology patients by physicians, researchers and regulatory bodies. It was seen as ideal for routine clinical use to assist in patient consultation, evaluation and decision making as it was also recognised as a reliable, valid and easy to use tool which is completed by the patient.¹⁰

DERMATOLOGY LIFE QUALITY INDEX			
HOSPITAL NO:	DATE:	DLQI	
NAME:		SCORE:	<input type="text"/>
ADDRESS:	DIAGNOSIS:		
The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK. Please tick one box for each question.			
1. Over the last week, how itchy, sore, painful or stinging has your skin been?	Very much A lot A little Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2. Over the last week, how embarrassed or self conscious have you been because of your skin?	Very much A lot A little Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden ?	Very much A lot A little Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not relevant <input type="checkbox"/>
4. Over the last week, how much has your skin influenced the clothes you wear?	Very much A lot A little Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not relevant <input type="checkbox"/>
5. Over the last week, how much has your skin affected any social or leisure activities?	Very much A lot A little Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not relevant <input type="checkbox"/>
6. Over the last week, how much has your skin made it difficult for you to do any sport ?	Very much A lot A little Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not relevant <input type="checkbox"/>
7. Over the last week, has your skin prevented you from working or studying ?	Yes No	<input type="checkbox"/> <input type="checkbox"/>	
If "No", over the last week how much has your skin been a problem at work or studying ?	A lot A little Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not relevant <input type="checkbox"/>
8. Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives ?	Very much A lot A little Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not relevant <input type="checkbox"/>
9. Over the last week, how much has your skin caused any sexual difficulties ?	Very much A lot A little Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not relevant <input type="checkbox"/>
10. Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?	Very much A lot A little Not at all	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not relevant <input type="checkbox"/>

Please check you have answered EVERY question. Thank you.

Adapted from Finlay AY, Khan GK. Dermatology Life Quality Index (DLQI) – a simple practical measure for routine clinical use¹⁰

CHILDREN'S DERMATOLOGY LIFE QUALITY INDEX (CDLQI)¹¹

Trouble With Skin

The aim of the questionnaire is to measure how much your skin problem has affected you OVER THE LAST WEEK. Please tick ✓ one box for each question.


OVER THE LAST WEEK

Very much

Quite a lot

A little

Not at all



1 How itchy, 'scratchy', sore or painful has your skin been?


OVER THE LAST WEEK

Very much

Quite a lot

A little

Not at all




2 How upset or embarrassed, self conscious or sad have you been because of your skin?

Very much

Quite a lot

A little

Not at all




3 How much has your skin affected your friendships?

Very much

Quite a lot

A little

Not at all




4 How much have you changed or worn different or special clothes/shoes because of your skin?

Very much

Quite a lot

A little

Not at all




5 How much has your skin trouble affected going out, playing or doing hobbies?

Very much

Quite a lot

A little

Not at all



6 How much have you avoided swimming or other sports because of your skin trouble?

Children's Dermatology Life Quality Index


EITHER

Very much

Quite a lot

A little

Not at all



7a

If school time: How much did your skin affect your school work?


OR

Very much

Quite a lot

A little

Not at all



7b

If holiday time: How has your skin problem interfered with your holiday plans?


OVER THE LAST WEEK

Very much

Quite a lot

A little

Not at all



8 How much trouble have you had because of your skin with other people calling you names, teasing, bullying, asking questions or avoiding you?


OVER THE LAST WEEK

Very much

Quite a lot

A little

Not at all



9 How much has your sleep been affected by your skin problem?

Hospital No.: _____

Name: _____

Age: _____

Address: _____

Diagnosis: _____

Date: _____

CDLQI SCORE: _____


CDLQI © M. S. Lewis-Jones, A. Y. Finlay June 1992
Illustrations © Media Resources Centre, UWCM Dec 1996

Very much

Quite a lot

A little

Not at all



10 How much of a problem has the treatment for your skin been?

Please check that you have answered EVERY question. Thank you.

SCREENING AND ASSESSMENT

GENERALISED ANXIETY DISORDER – 7 (GAD-7)

The GAD-7 is described as a brief measure for assessing generalised anxiety disorder in a patient.¹²

It is completed by the patient and refers to the previous 2 weeks in their life. N.B. This questionnaire relies on patient self-report therefore it is important that all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds. It is also important to ensure patients have understood the questions.

GAD-7

OVER THE LAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS? (USE ✓ TO INDICATE YOUR ANSWER)

	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
1. Feeling nervous, anxious or on edge	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Not being able to stop or control worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Worrying too much about different things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Trouble relaxing	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Being so restless that it is hard to sit still	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Becoming easily annoyed or irritable	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Feeling afraid as if something awful might happen	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Adapted from Spitzer RL *et al.* A brief measure for assessing generalized anxiety disorder: the GAD-7¹²

SCREENING AND ASSESSMENT

PATIENT HEALTH QUESTIONNAIRE – 9 (PHQ-9)

This is described as a brief depression severity measure and will indicate a level of depression in the patient. As with the GAD-7 it is completed by the patient and refers to the previous 2 weeks in their life. It also relies on patient self-report and full understanding of questions. All responses should be verified by the clinician and a definitive diagnosis made on clinical grounds.¹³

PHQ-9

OVER THE LAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY THE FOLLOWING PROBLEMS? (USE ✓ TO INDICATE YOUR ANSWER)

	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
1. Little interest or pleasure in doing things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2. Feeling down, depressed, or hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Feeling tired or having little energy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Poor appetite or overeating	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

(For office coding: Total Score _____ = _____ + _____ + _____)

If you checked off **any** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adapted from Kroenke K *et al.* The PHQ-9: validity of a brief depression severity measure¹³

ASSESSMENT TOOLS

Distress Thermometer

SWIFT Check-up Tool

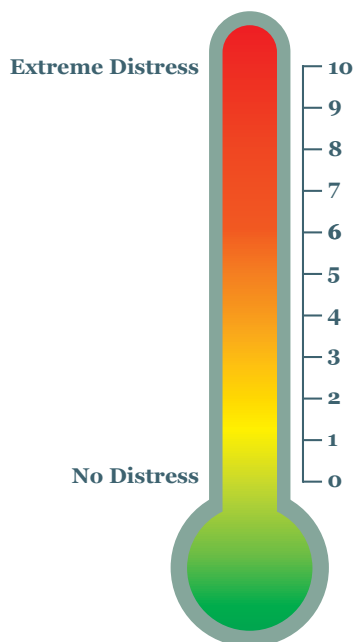
DISTRESS THERMOMETER (DT)

This tool was originally developed in oncology but can easily and effectively be used for dermatology patients as it is sensitive to the needs of these patients. If you have identified or feel your patient is anxious or distressed, the distress thermometer is a holistic assessment tool, capturing physical, psychological, emotional, social and spiritual aspects of distress.

It has been found that the more concerns a patient has the more likely their stress level will be high, however patients rarely admit these concerns unless specifically asked. The DT is useful in allowing patients to identify and prioritise the most troublesome concerns which may not be the presenting skin condition. The tool is visual, patient-friendly and provides good information for sequential measurements of stress factors affecting a person's life. It also helps the patient to prioritise these and provides a template to outline the patients action plan to address identified issues.¹⁴

First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.



Yes No Practical Problems

- Child Care
- Housing
- Insurance/financial
- Transportation
- Work/school

Family Problems

- Dealing with children
- Dealing with partner
- Dealing with close friend/relative

Emotional Problems

- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities
- Spiritual/religious concerns

Yes No Physical Problems

- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhoea
- Eating
- Fatigue
- Feeling Swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry itchy
- Sleep
- Tingling in hands/feet

Other problems

Adapted from www.evidence.nhs.uk/Search?q=distress+thermometer¹⁴

Patient details	Signed by staff member:	Today's date:
	Diagnosis:	

Highest ranking concerns	Description and history of problem	Plan of action
1.		
2.		
3.		
4.		

SCREENING AND ASSESSMENT

SWIFT CHECK-UP TOOL

Work/Home
(If person is working)
How've things been going at work?
How've you been managing at work?
Do they know at your work how things are with your health?
Have they been supportive?

How're things at home?
Is there anything else happening at home for you to deal with?
Note – if it is the first time you have met someone and understanding about their work and home routines are relevant to your understanding of their condition, you may want to ask for more information about work or home.

Illness/LT Condition
How are you getting on with _____ (LTC)?
Where are you with treatment at the moment?
Anything the Doctors have said that you are not clear about?
How do you feel you are managing?
What support are you getting? Is it enough?
Any needs we can help with?
Note – if it is the first time you have met someone, or if there has been a significant development health wise, you may want to spend more time gaining a thorough understanding of this and their feelings about these events.

Stress/Coping
How have things been going since we last met?
Tell me a bit about how you've been managing?
Is there anything you've been really struggling with?
Anything you feel you've been managing better?
Is there anything specific you feel you need help with right now?
With everything that's been happening I wondered how your spirits are?
Note – if someone is having a really stressful time, it may be useful to take a bit more time to really understand what is happening in more depth and how it is affecting their management of their condition or their mood.

Friends and Family
How do you feel everyone else in the family is coping with _____ (LTC)?
Do you feel you have enough support?
Are you able to join in and feel involved in family activities as much as you would like to be?
Are you able to see your friends?

Things I like to do
What do you enjoy doing?
Are you managing to do these?
Are you able to do the things that are important to you?

Developed by the Physical Health Team, Psychology Directorate, NHS Education for Scotland in association with NHS Lothian, 2013.

PATIENT'S NAME _____ DATE _____

Reason for administering SWIFT _____

The SWIFT Check Up is a tool that you can use to build up a picture of a person's key relationships, how they are coping, how things are going at work and at home as well as give you an idea of things they like to do. It provides a useful framework that you can use to gain a holistic perspective about the people you see. You can start at any point on the list below - depending on whether it is a first consultation or follow up.

S Stress/Coping	_____
W Work/Home	_____
I Illness/LT Condition	_____
F Friends and Family	_____
T Things I like to do	_____

Follow up actions:

SIGNED _____ DATE _____

Developed by the Physical Health Team, Psychology Directorate, NHS Education for Scotland in association with NHS Lothian, 2013.

The SWIFT check-up tool is used to guide the HCP through a consultation at any stage to get a clearer picture of where the patient is psychologically. It also helps identify what support is needed for the patient in the consultation and can assist them in enabling adjustment to their condition and recognising and strengthening coping mechanisms for the individual.¹⁵

SETTING GOALS AND TOP TIPS

SETTING GOALS

The HCP, though guiding the patient at every step, must keep in mind this is the patient's agenda and not that of the HCP and must allow or help the patient to set their own goals which should be realistic and in the first instance, short term goals. It is important to accurately document all consultations and reassure the patient of a follow up appointment for support.

These tools will assist in a patient centred focus encouraging the patient to take ownership of their condition. This will ultimately ensure better adherence to an agreed management plan. Poor adherence in chronic skin disease is an increasing global problem. It is noted that 50% of patients with long term conditions do not adhere to treatment and that non-adherence is often hidden as patients will not admit it and HCPs may ignore it. Increasing the effectiveness of adherence strategies would have a greater impact than treatment innovations.¹⁶

TOP TIPS

- Treat each patient as an individual and tailor the treatment plan to that person
- Dispel myths about treatment
- Don't ignore the trivial
- Do not make the treatment more of a burden than the disease itself
- Consider the effect of the condition on all aspects of life
- Give detailed written instruction and educational support on agreed treatment plan for home reference
- Always speak in a language the patient understands
- Avoid paternalistic approach – “doctor's orders” no longer exists
- Patient centred means patient can take control
- Frequent reviews, either face to face or telephone, offers a lifeline
- Ultimate outcome is to empower the patient to take control and encourage adherence to treatment regimes

REFERENCES AND FURTHER READING

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PATIENT / HEALTHCARE PROFESSIONAL SUPPORT

National Eczema Society

www.eczema.org

Psoriasis Association

www.psoriasis-association.org.uk

British Association of Dermatologists Patient Information Leaflets

www.bad.org.uk

www.skincare.org.uk

Primary Care Dermatology Society

www.pcds.org.uk

Scottish Centre for Telehealth and Telecare

www.attendanywhere.com

Adex[®] Gel

Offers an effective, simple and different approach



Why is Adex Gel Different?

- Highly moisturising and protective emollient gel which also contains an added anti-inflammatory medicinal substance to help reduce inflammation and redness
- Offers an effective, simple and different approach to the treatment and management of mild to moderate eczema and psoriasis

Evidence for Adex Gel

Recent study data revealed that:

- patients' feedback after using Adex Gel was very positive¹
- nearly 95% of patients found their skin benefited from using Adex Gel¹
- approximately half the patients reported that they needed to use less of their other anti-inflammatory treatments when using Adex Gel. The remainder used about the same amount and none used more of their anti-inflammatory treatments¹

Benefits of Adex Gel

- ✓ Specially formulated to help reduce **inflammation** and **redness**
- ✓ Contains an anti-inflammatory medicinal substance
- ✓ Developed as a first-line treatment for dry skin conditions prone to inflammation, such as mild to moderate eczema, and psoriasis
- ✓ Recommended for use as long as necessary – either occasionally, such as during flares, or continuously if the added anti-inflammatory action is beneficial
- ✓ Does not contain topical corticosteroids
- ✓ Can be used on the face and in flexures
- ✓ For use by adults, the elderly and children
- ✓ It can help patients who need a simple routine to help adherence and understanding or need help to avoid the overuse of topical corticosteroids e.g. support on steroid breaks



Visit AdexGel.com
for further information

Simple to prescribe, simple to use

Reference: 1. Gallagher J., Roshier P., Walker J. and Hart V. Open-label evaluation of a novel anti-inflammatory emollient gel in eczema and psoriasis. Data presented at the 15th EADV Spring Symposium, May 2018, Budva, Montenegro.

Essential Information

Adex[™] Gel

Presentation: White opaque gel.

Uses: Highly moisturising and protective emollient with an ancillary anti-inflammatory medicinal substance for the treatment and routine management of dry and/or inflamed skin conditions such as mild to moderate atopic dermatitis, various forms of eczema, contact dermatitis and psoriasis.

Directions: Adults, the elderly and children from 1 year of age. For generalised all-over application to the skin. Apply three times daily or as often as needed. Adex Gel can be used for as long as necessary either occasionally, such as during flares, or continuously if the added anti-inflammatory action is beneficial. Seek medical advice if there is no improvement within 2-4 weeks.

Contra-indications, warnings, side effects etc: Do not use if sensitive to any of the ingredients. Keep away from the eyes,

inside the nostrils and mouth. Temporary tingling, itching or stinging may occur with emollients when applied to damaged skin. Such symptoms usually subside after a few days of treatment, however, if they are troublesome or persist, stop using and seek medical advice. Rarely skin irritation (mild rashes) or allergic skin reactions can occur on extremely sensitive skin, these tend to occur during or soon after the first few uses and if this occurs stop treatment. As safety trials have not been conducted during pregnancy and breast-feeding, seek medical advice before using this product.

Care should be taken as emollients which soak into clothing, pyjamas, bedlinen etc. can increase the flammability of these items. Patients should avoid these materials coming into contact with naked flames or lit cigarettes etc. As a precaution, dressings and clothing, etc., should be changed frequently and laundered thoroughly.

Ingredients: Carbomer, glycerol, isopropyl myristate, liquid paraffin, nicotinamide, phenoxyethanol, sorbitan laurate, trolamine, purified water.

Pack sizes and NHS prices: 100g tube £2.69, 500g pump pack £5.99.

Legal category: Class III medical device with an ancillary medicinal substance.

Further information is available from the manufacturer: Dermal Laboratories, Tatmore Place, Gosmore, Hitchin, Herts, SG4 7QR, UK.

Date of preparation: August 2017.

'Adex' is a trademark.

Adverse events should be reported to Dermal.

 **DERMAL**[™]
TOPICAL INNOVATION
www.dermal.co.uk