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Commentary (on BJD-2014-0389*) (words 534)*

P*roviding lifestyle behaviour change support for patients with psoriasis: an assessment of the existing training competencies across medical and nursing health professionals.*

Supporting lifestyle behavioural change amongst those living with psoriasis is important to maintain their health, yet there is a lack of recognition of the need to prepare dermatology health professionals to deliver them. The demand on all health systems grows significantly from those living longer with long-term conditions and so providing effective support on a large scale has become a major challenge (1). The NIHR funded study reported here (2) gives evidence of the lack of training competencies within the curricula of GPSIs, dermatologists and specialist nurses. Health promotion skills have been found to be poorly specified with little indication that evidence based approaches to lifestyle behavioural change are being embraced.

Aside to the underdevelopment of training competences that influence lifestyle and health behaviour in the dermatological curricula, there is also a lack of research studies that examine their application to the field. Educational interventions targeted at health promotion and self-management may be viewed as simple and self-evident, although there is growing recognition of their complexity and potential to impact on patient disease severity and quality of life (3).

Epidemiological and pathophysiological evidence reveals that psoriasis has common co-morbidities with disease states such as metabolic syndrome, linked to ischaemic heart disease, hypertension, diabetes and obesity (4) that manifest years after the onset of psoriasis, often in severe disease. These co-morbidities have widely recognised links to lifestyle factors. Therefore, there is a greater need for lifestyle behavioural change amongst those with psoriasis compared with the general population due to the adverse effect on excessive alcohol intake, smoking, weight gain and sedentary lifestyle on the onset and severity of the disease.

A key issue is the level of competence that required and by whom and how effective support is best achieved. Specialist nurses are well placed for patient education and are likely to be an increasingly important source of dermatological advice in the future (5). Access to specialist care can be enhanced, with improved patient educational opportunities through the growth of nurse-led support clinics (6). Through their work in pre-biological or systemic therapy nurses engaged in cardiovascular risk assessment through monitoring blood pressure, weight and lipids(7). These opportunities could be expanded, with the right educational preparation, to embrace lifestyle behaviour monitoring and change.

Systematically planned educational approaches are often complex interventions (8) although to be efficacious they should be theoretically informed to support behavioural change (9). Specific competencies should include strategies to engage and support patients in their own control of weight gain, smoking cessation, moderate alcohol intake, improved exercise levels and the monitoring and control of blood pressure and glucose levels.

Opportunities for educational support that includes health maintenance for those living with psoriasis -needs closer consideration through the work of specialist nurse-led follow up but also in primary care consultations by specialist GPs, outreach nurses and potentially practice nurses with extended roles. Strategies such as motivational interviewing, with demonstrable effectiveness in the area of lifestyle behavioural change (10), are worthy of review for their application to the dermatology field. Such interventions require such key areas of skill to be identified and developed within the post-qualifying curriculum of health professionals to help manage the adverse impact of lifestyle behaviours on psoriasis severity and its comorbidities.

Conflicts of interest

None declared

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