

Towards collaborative consultations in Atopic Dermatitis: A controlled trial on the Impact of Conversation Cards and Contact Nurses

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Funding & Conflict of interest

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Atopic dermatitis (AD) requires ongoing self-management and care.

Integrating agenda-setting into consultations using Conversation Cards (CCs) may enhance self-management.

A set of CCs has been developed for patients with AD, empowering them to actively contribute to the focus of the consultation and receive tailored support (Krontoft, 2024).

The objective was to investigate whether a patient-centred consultation using CCs combined with two designated contact nurses would affect the patient's well-being, disease severity, and self-management.



Methods

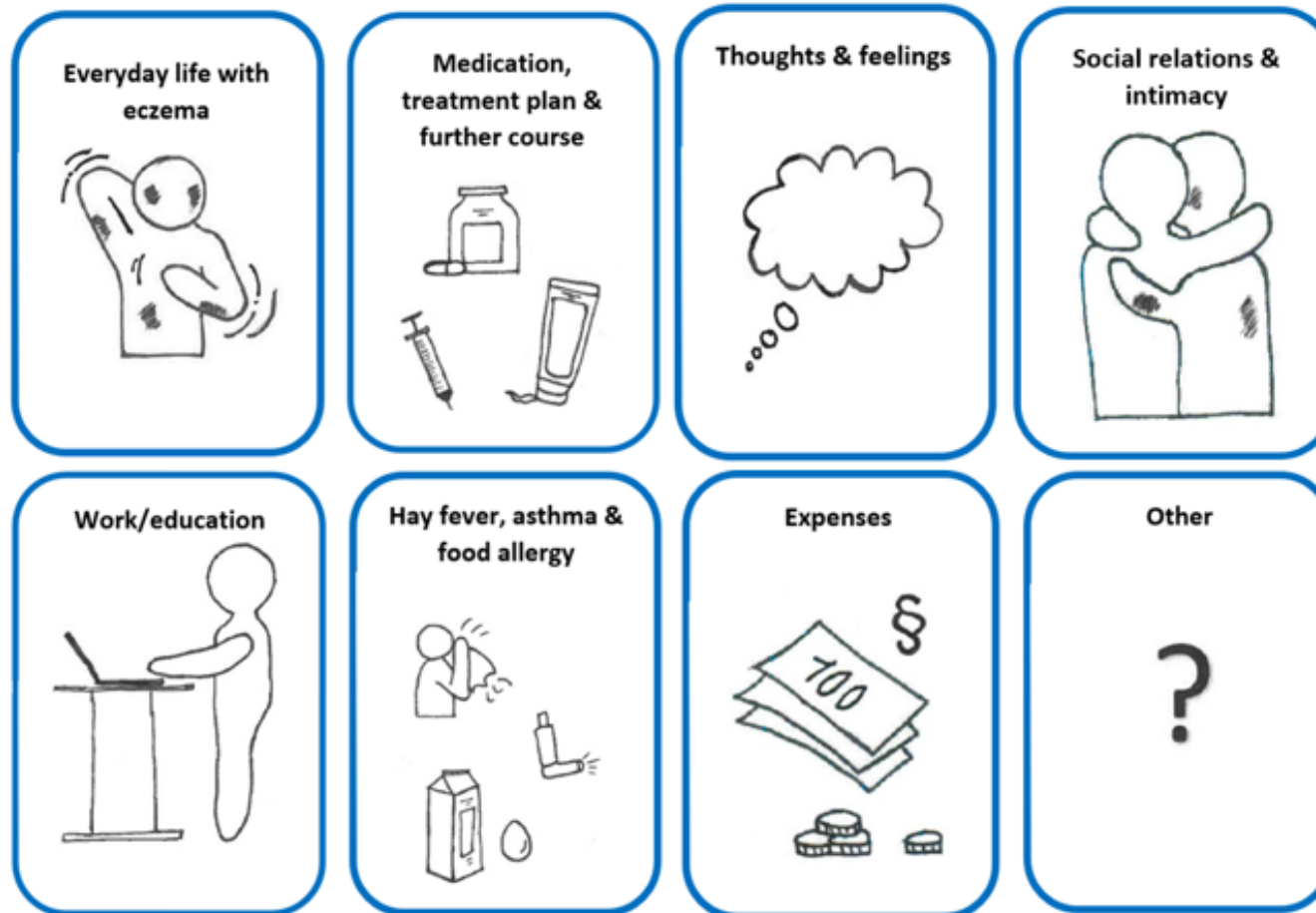
The study was designed as a non-randomised controlled trial involving 200 patients of all ages with AD.

The control group received standard care, which included regular consultations with a physician. For new patients, an additional nurse consultation to focus on self-management. If deemed relevant by the HCP, a nurse consultation is also an option later in the process.

The intervention group followed an altered provision of care, which consisted of three additions to the usual care.

1. CCs were used in all consultations.
2. Patients were assigned two designated contact nurses. One of the contact nurses, alongside a physician, participated in consultations with patients.
3. Patients could contact the nurses between consultations if they needed further support with self-management.

Conversation Cards developed for patients with AD



Primary and secondary outcomes

Primary outcome

Well-Being Index: WHO-5.

Secondary outcomes

Quality of life; DLQI/CDLQI/IDLQI

Severity of eczema; POEM, EASI

Itch; Pruritus NRS

Sleep disturbance; SD-NRS

Patient activity measures; PAM

Involvement of the patient in the consultation; CollaboRATE.

NRS of the value of Conversation Cards

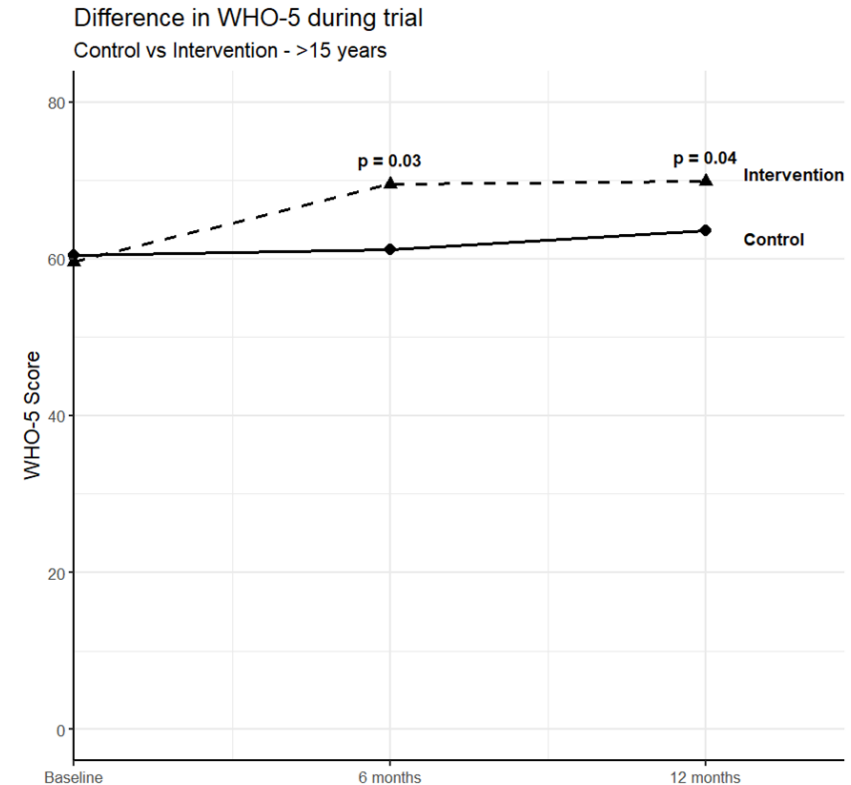
NRS of the value of a contact person

Assessments were conducted at baseline, 6, and 12 months.

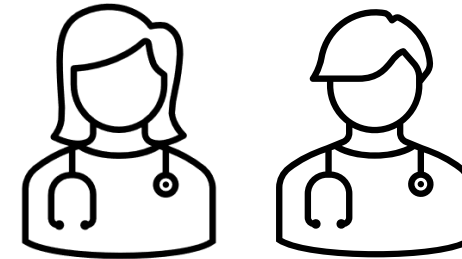
Optimised consultations lead to a higher WHO-5 score for patients >15 years

There were no significant changes in our primary outcome (WHO-5) when measured for all patients from baseline to 12 months in the intervention group (N = 75) compared to the control group (N = 77).

However, we observed a mean increase in the WHO-5 score of 5.78 points (P = 0.04), the CollaboRATE of 3.67 points (P = 0.00) and the PAM of 1.99 points (P = 0.05) within the subgroup of patients >15 years.



Take-away messages



We find that using CCs in consultation, while simultaneously adding two designated contact nurses whom patients will meet in every consultation and who can provide extra self-management support if needed, has a positive effect on patients' (over 15 years) feelings of well-being, activation and collaboration with HCPs.