Importance of the touch in the consultation of dermatology
Data from the All Skins-All Colors-All Dermatoses: the ALL PROJECT

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INTRODUCTION & OBJECTIVE

Over the past 50 years, there has been a shift from the traditional physician-centricity approach to a more patient-centricity approach. Touch is involved in establishing the doctor-patient relationship and plays an important role in patient satisfaction. The objective of this study was to evaluate the prevalence of touching during dermatology consultations and to establish the link between touching and satisfaction with dermatological care as well as adherence to treatment.

MATERIAL & METHODS

The ALL PROJECT involves 50,552 individuals, representative of the populations of 20 countries spread over all continents. In each country, the population-based study was conducted on representative and extrapolated samples of the general population aged over 16. The questionnaire remained focused on patient experience. It gathered information on demographics, any dermatological condition occurring in the past 12 months, type of physician, satisfaction with care, and assessment of compliance. Physician Touch (PT) patients were those who reported having been touched by their physician on the affected skin area at least once during their last consultation. Student's t test and Pearson's Chi-squared were performed to compare PT and no-PT subjects.

RESULTS

Among the population of 50,552 individuals, 10512 agreed to answer the questions with respectively 4529 (43.1%) males and 5983 (56.9%) females (mean age 40.9, +/-15.2). 7180 (68.3%) of them reported being PT patients while 2594 (24.7%) were no-PT ones. 738 (7.0%) did not remember. No-PT prevalence was significantly higher in Australia than in other continents (Table 1). Reasons given by no-PT patients explaining the lack of touch were modesty (n=185, 7.1%), a lack of necessity (n=1871, 72.1%), disgust (n=81, 3.1%), embarrassment (n=184, 7.1%), or unknown ones (n=407, 15.7%). Compared to European patients, South-East Asians and Indians more frequently used modesty (SE Asia 10.6% vs Europe 4.3%. $p \leq 0.05$, India 14.7% vs Europe 4.3% $p \leq 0.05$) and embarrassment (SE Asia 10.2% vs Europe 4.2% $p \leq 0.05$, India 16.5% vs. Europe 4.2% $p \leq 0.05$) to explain no-PT. The prevalence of no-PT vs PT was significantly higher in women (28.5% vs 24% $p \leq 0.05$). Age or type of dermatoses such as atopic dermatitis/eczema, psoriasis, acne, and rosacea was not a predictor of no-PT. No-PT prevalence was significantly lower in cases of vitiligo and hyperpigmentation, and it was more frequently reported in those treated by general practitioners (GPs) than by dermatologists (28.5% vs 22.4%, $p \leq 0.05$). It was significantly lower among surgeons and allergists than among GPs and dermatologists. Compared to PT patients, no-PT ones more frequently reported a feeling of dissatisfaction with their physician's care (Table 2). Tiredness of taking a treatment was higher in no-PT (25.1% vs. 17.5%, $p \leq 0.05$).

DISCUSSION

Our study established that FS was more frequent in young patients with signs/symptoms of HS . This can result in negative attitudes and behaviors towards people who are affected by HS, which can lead to social isolation and exclusion. FS is associated with poor adherence to therapy, which can lead to a vicious cycle of mutually reinforcing negative conditions. Efforts to reduce FS in patients who live with HS can include public education campaigns, increased access to healthcare and support services, and challenging stereotypes and prejudices through advocacy and activism. It is important to promote a message of empathy and understanding toward those affected by disease, rather than fear and rejection.

Table 1 Socio-demographic characteristics and dermatological conditions of non-PT patients		Proportion of no-PT for each condition
Gender	Males	24,0%
	Females	28,5%
Geographic location	Africa	23,0%
	Central and South America	22,2%
	North America	27,3%
	South East Asia	26,9%
	Europe	27,1%
	India	28,1%
	Australia	36,8%
	Middle East	23,6%
Physicians providing care	Dermatologist	22.4%
	General Practitioner	28.5%
	Allergist	17,8%
	Surgeon	17.4%
	Other physician	22.3%
Dermatological conditions	Atopic dermatitis / eczema	26,0%
	Psoriasis	23,2%
	Acne	26,4%
	Rosacea	22,5%
	Vitiligo	16,3%
	Hyperpigmentation	21,5%
	Other dermatoses	25,0%

Table 2 : Assessment of management by PT and non-PT patients(n=10512)	non-PT n (%)	PT n (%)	P-value
The time the health care professional spent with me was sufficient	1945 (75,0%)	5971 (83,2%)	$p \leq 0.05$
I was satisfied with the explanations that the health professional gave me	1904 (73,4%)	5899 (82,2%)	$p \leq 0.05$
The management that the health professional proposed to me was satisfactory	1868 (72,0%)	5789 (80,6%)	$p \leq 0.05$
Making the diagnosis was long and difficult	1067 (41,1%)	3674 (51,2%)	$p \leq 0.05$
Finding effective treatment was or is complicated	1679 (64,7%)	4909 (68,4%)	$p \leq 0.05$
Managing relapses and flares over the long term is difficult	1730 (66,7%)	4940 (68,8%)	$p \leq 0.05$