

Assessing Dermatology Provider Perceptions and Attitudes About the Unique Needs of Older Adult Patients

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INTRODUCTION

Geriatric dermatology is an emerging field of dermatology, focused on the unique needs of older adults with dermatological diagnoses. Previous research identified important principles to consider in older adults with skin disease, including cognition, polypharmacy, mobility, social support¹ and sleep disturbance.² As the population of older adults continues to rise, it is critical to identify the barriers to care and treatment faced by older adults patients to guide future interventions. We aimed to assess provider perceptions and attitudes regarding the unique needs of older adult patients in dermatology clinics.

Members of the Orlando Dermatology Aesthetic and Clinical Conference mailing list were surveyed via email. This study was approved by the George Washington University Institutional Review Board (IRB#: NCR213563). Of the 2840 recipients who opened the email invitation, 169 (5.9%) providers completed the survey.

Of the survey respondents, 92.9% were dermatologists, and 6.5% were advanced practice providers (Table 1). Providers selected limited social support systems, difficulty in comprehension of treatment plans, and financial barriers as the three most pressing issues affecting the care of older adult patients. Hearing problems and lack of a social support system were the most commonly identified barriers to care, selected by 82.9% and 82.8% of practitioners, respectively. The following barriers to care in older adult patients were also identified by providers (%): immobility (74.4%), the ability of the patient to communicate clearly (69.5%), transportation barrier (77.5%), financial barrier (72.2%), Medicare limitations (66.9%), poor psychosocial functioning (77.5%) and telehealth due to the COVID-19 pandemic (71.2%) (Figure 1). Additionally, when asked about the most common complaint from older adults during dermatology

FIGURE 1. Dermatology provider perceptions regarding barriers to care in older adult patients.

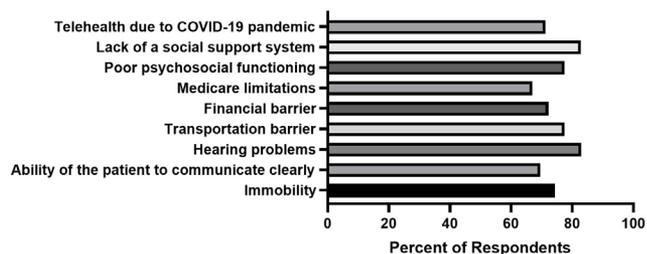
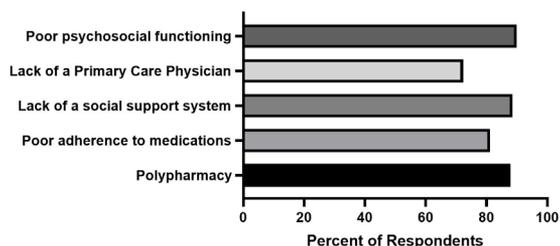


TABLE 1.

| Survey Respondent Demographics | |
|---|--------------|
| Demographics | Value, n (%) |
| Gender | |
| Male | 69 (41.3) |
| Female | 98 (58.7) |
| Age | |
| <34 | 30 (17.8) |
| 35-44 | 44 (26.0) |
| 45-54 | 42 (24.9) |
| 55-64 | 32 (18.9) |
| 65+ | 21 (12.4) |
| Profession | |
| Dermatologist | 157 (92.9) |
| Advanced Practice Provider | 11 (6.5) |
| Dermatology Resident | 1 (0.6) |
| Years in practice | |
| Under 10 years | 66 (39.0) |
| 11-20 years | 45 (26.6) |
| 21-30 years | 29 (17.2) |
| 31+ years | 29 (17.2) |
| Practice Setting | |
| Private Practice | 108 (67.5) |
| Academic Institution/VA | 42 (26.2) |
| Community health center | 7 (4.4) |
| HMO | 3 (1.9) |
| Location of Practice | |
| Large metropolitan area | 78 (46.2) |
| Small metropolitan area | 36 (21.3) |
| Suburban | 44 (26.0) |
| Rural | 11 (6.5) |
| Number of older adult patients (age 65+) seen per week | |
| <10 | 11 (6.5) |
| 11-39 | 67 (39.6) |
| 40-69 | 55 (32.5) |
| 70-99 | 20 (11.8) |
| 100+ | 16 (9.5) |

FIGURE 2. Dermatology provider perceptions regarding barriers to treatment in older adult patients.



clinic visits, 22.3% of respondents answered, “hearing differing advice from providers” and 16.2% of respondents answered, “confusion with billing and insurance”

Further, providers identified poor psychosocial functioning (89.9%), polypharmacy (87.8%), lack of social support system (88.5%), poor adherence to medications (81.1%), and lack of a primary care physician (72.3%) as barriers to treatment in older adult dermatology patients (Figure 2).

This study identified a number of barriers to care and treatment among the older adult dermatology patient population. Creating partnerships between dermatologists and geriatricians is critical to address these barriers.³ For example, lectures provided by geriatricians in dermatology residency programs may improve education and raise awareness about geriatric topics such as polypharmacy, poor psychosocial functioning, and limited social support networks.

While the majority of practitioners identified telehealth due to the COVID-19 pandemic as a barrier to care in the older adult population, further studies are needed to assess the unique needs of older adult dermatology patients amid the COVID-19 pandemic. As many older adults continue to face challenges navigating teledermatology visits, we must develop strategies to optimize teledermatology in older adults. Limitations of this study include a small sample size and selection bias, as the survey was sent to a conference mailing list. This study provides valuable insight regarding provider concerns about the barriers to care and treatment in older adult dermatology patients.

DISCLOSURES

The authors have no conflicts of interest to declare.

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