Team Approach to Providing Interdisciplinary Care of Atopic Dermatitis

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Atopic Dermatitis Center
Learning Objectives

1. Describe the formation of a multidisciplinary team to care for children with atopic dermatitis
2. Discuss the role of a psychologist/mental health professional in an interdisciplinary clinic for children with atopic dermatitis
3. Describe the role of a nutritionist in an interdisciplinary clinic to optimize nutritional care for patients with atopic dermatitis
Atopic Dermatitis Center

History

• A sizable fraction of children with AD have severe disease that resists conventional treatment alone

• Program established in 2000

• Mission to enhance care and quality of life through collaborative, interdisciplinary approach to disease management

• Goal of providing a comprehensive treatment addressing specific medical, nutritional, and psychosocial needs
Patient Identification

• Self-referred (from website*, family, friends)
• PCP or specialist referral
• Referrals primarily from New England and east coast, but also across US, Bermuda, Puerto Rico
• Parents complete forms to determine eligibility
  • Allergy new patient history
  • Survey of behavioral concerns (itching/scratching, picking, sleep disruption, trouble with skincare routine, picky eating, slow growth/poor nutrition, self-conscious, stress)

*http://www.childrenshospital.org/centers-and-services/programs/a-e/atopic-dermatitis-center-program/overview
Patient Eligibility

• Referrals screened by PNP
• Determines members of team to see patient
• No strict inclusion/exclusion criteria
• Appropriateness based on:
  • Medical records
  • Allergy new patient history
  • Survey of behavioral concerns
  • History of moderate to severe AD not adequately controlled
  • Impact of AD on child/family functioning and quality of life
Program Logistics

- 1 new patient per week
- About a 3 month wait
- 4 to 5 return patients per week
- Must see at least 2 members of the team at each visit
- New patients booked for 1 hour with each provider
- Return patients booked for 30 minutes
- Separate billing for each provider
Clinic Flow

• Interdisciplinary rounds before patients arrive
• PNP always sees new patient first
• Patient stays in one exam room
• Providers rotate in and out of rooms
• Tracking system for knowing where team members are
• Providers communicate between patient visits to share impressions and develop coordinated treatment plan
New Patient Visit

- Initial visit: 3 hours
- PNP and MD perform complete allergy work-up and/or review most recent allergy work-up
- PNP provides education and guidance regarding AD/medications/written skin care plan and medication recommendations
- Psychologist provides behavioral strategies to increase adherence, reduce itching/scratching, improve sleep
- RD provides nutrition education and counseling
Return Patient Visits

• Return visit: 2 hours
• Family meets with all providers as needed
• If patient does not need to see at least 2 providers, then referred back to allergy program and/or PNP
• Frequency of return visits determined by condition of child’s skin and assessment of family’s need for support/monitoring
Identifying Triggers

- Avoid triggers identified through history and skin testing
- Foods- mostly in young children
- Environmental
  - Dust Mites/ Mold
  - Pets/Pollen
  - Weather cold/dry; hot/humid
  - Dry skin- itch/scratch cycle
  - Stress/emotions/illness

www.knowabouthealth.com

www.beyoubehealthy.org
Food Allergens to Avoid

- PNP/MD
  - Review skin tests
  - Review specific IgE results
  - Review reaction history

- RD:
  - Obtain detailed diet history
  - Look for hidden allergens family unaware of
  - Determine families’ understanding of label reading and cross contact

www.nhs.uk
Food Allergy Management

• PNP/MD
  • Review when and how to use the Epinephrine auto-injector
  • Review need for avoidance of specific foods and rationale
• Nutritionist
  • Review label reading
  • Provide balanced meal and snack ideas
  • Discuss safe food options
  • Educate on how to avoid cross contact
  • Provide resources/recipes for safe treats and substitutions
  • Discuss how to eat out safely at restaurants
• Psychologist
  • Encourage age-appropriate role in allergy management
  • Role play and problem-solve for common social situations
  • Assess for anxiety/excessive avoidance
Improving Adherence

• PNP
  • Provide written eczema plan
  • Encourage family to call with questions/worsening of skin
  • Improve technique: demonstrate wraps, observe use of samples
  • Address common concerns (side effects, bleach baths, wet wraps)
  • Coordinate care with PCPs/school nurses

• Psychologist
  • Provide developmentally appropriate explanations of skincare
  • Involve children and make it fun (increase control/cooperation)
  • Help families transition to increased child role in skincare
  • Problem-solve adherence barriers

www.everydayfamily.com
Managing Itch
Improving Sleep

• PNP:
  • Develop comprehensive skincare plan
  • Recommend treatments to improve skin and protect skin from scratching (wet wraps, sleep suits, gloves, anti-histamines)

• Nutritionist:
  • Review rationale for reducing night time feedings/snacks which interfere with appetite during the day/growth
  • Address situations in which food is being used as a soothing technique or a reward

• Psychologist
  • Make a plan for what children CAN do when itchy (moisturizer, cool pack/washcloth, distraction, hands-on activities)
  • Teach relaxation strategies to improve itch/help with sleep
  • Develop behavior plans for bedtime and nighttime awakenings
Enhancing Self-Esteem

• PNP:
  • Provide referrals to camps, information about patient support organizations

• Psychologist:
  • Address impact on self-esteem
  • Practice language for answering questions about skin
  • Develop strategies to handle teasing/bullying
  • Provide referrals for outpatient therapy as needed (anxiety, depression)

• Nutritionist
  • Provide ideas for food-free activities
  • Provide recipes for safe treats and substitutions
Optimizing Growth and Nutrition

- Studies have shown children with atopic dermatitis may be at risk for impaired growth
- Avoiding multiple foods increases chance of inadequate micronutrient and macronutrient intake
- Families don’t just want to know what their child can’t have
- Oral Aversion
- Bone health
- Vitamin D

www.cdc.gov
Review of AD Center

• 80% of patients had improvement in EASI score
• Baseline adherence issues predicted improved EASI score
• EASI score improvement correlated with:
  • Decreased parental concern with treatment side effects
  • Decreased itching
  • Better patient sleep

• Cycle of improvement

Chou, LeBovidge, Timmons, Elverson, Morrill, Schneider, Allergy and Asthma Proceedings 2011
Thank you!!!
Questions???