



# Skin care

for health professionals



Skin  
Care  
Campaign



University  
of Southampton

school of nursing  
and midwifery **n+m**

## Background

This learning package was originally commissioned by the national Skin Care Campaign (SCC), with support from the Department of Health's Long Term Conditions Work Force Group (Dermatology) and the British Dermatological Nursing Group (BDNG).

- Dermatology accounts for between 15%-20% of a typical GP's workload.
- Acne, eczema and psoriasis account for approximately 70% of these consultations
- any patients can effectively self-manage if they receive the appropriate support at a primary care level; this may be provided by a suitably trained nurse.

The aim of the revised approach is to support qualified/registered healthcare professionals, through the work-based learning model, to develop the skills necessary to meet the needs of patients with skin conditions in different settings (e.g. primary or secondary care, schools, occupational health departments and walk-in-centres).

## Purpose

This is an opportunity for you to develop the knowledge and skills relevant to promoting healthy skin. It will improve your ability to manage the psychological and physical impacts of skin diseases such as

- Eczema
- Acne
- Psoriasis
- Skin cancer

and enhance your ability to contribute to the development of dermatological services in your practice area.

## What you will learn

Dermatological knowledge and skills to enable you to manage patients' skin care needs, for example developing a set of practice competencies or promoting self-management strategies.

## Principal content

The accompanying workbook is divided up into 4 main learning units

Promoting skin health through knowledge of;

- normal structure and function of the skin
- skin assessment
- how to promote skin health with specific reference to promoting barrier function of the skin, protection from injury and protection from the sun
- the impact of age-specific changes

Awareness of the impact of skin disease on psycho-social well being through understanding of;

- the concepts related to quality of life
- the nurse's role in managing psycho-social issues

Understanding the physical impact of skin disease and use of common therapeutic interventions through knowledge of;

- the range of care strategies available for symptom management
- the differences between compliance and concordance and how the latter can be fostered

- the pathology of the most common skin conditions seen in primary care
- the range of therapeutic interventions available for both chronic and acute skin conditions

Understanding the context within which skin care services are provided through knowledge of;

- the different environments in which skin care is delivered
- how patient pathways might affect the individual's experience

### Accreditation

You can choose to complete 20 or 40 credits at Level 2 or Level 3 respectively. A personal learning contract will be formalised in conjunction with your manager and an appointed Academic Advisor. The assessment comprises two parts. Students are required to write a clinical portfolio (word limit depends on credit rating) and are assessed against practice-based competencies. The latter requires an identified mentor in practice to support, supervise and assess the student. The mentor should be a nurse or doctor with current dermatology experience.

### Special conditions/prerequisites

Confidence to study at level 2 or level 3.

A mentor in practice (see above).

### Module dates

You will be expected to attend an induction day to meet with your Academic Advisor and agree upon the focus of your learning, credit level and amount. You will receive a copy of the self-directed distance learning workbook, Blackboard and email tutorial support from a lecturer with interest in skincare. The University's Library has extensive resources; students can attend an optional tutorial to familiarize themselves with facilities and help them to access web-based materials (databases and on-line journals). You are actively encouraged to organize relevant visits to local dermatology units, to work with specialist practitioners and attend local study days.

For dates of forthcoming induction days please contact us. These are held monthly.

### Venue

University of Southampton School of Nursing and Midwifery and its sub campus (Portsmouth, Isle of Wight, Winchester and Basingstoke).

### Fees

The current cost is £339 (20 credits) and £419 (40 credits). The cost of the workbook to be confirmed.

### Applications

For further general information including an application form please contact the School of Nursing and Midwifery +44 (0)23 8059 7635 or [pqpgt@soton.ac.uk](mailto:pqpgt@soton.ac.uk)

For more detailed information on the Skin Care package please contact Annabel Smoker; on +44 (0)23 8059 8237 or email [als@soton.ac.uk](mailto:als@soton.ac.uk)

Or Lyn Macleod on +44 (0)23 8059 7924 or email [ehml@soton.ac.uk](mailto:ehml@soton.ac.uk) for general enquiries about Work-based learning.

# The following pages contain the contacts and extracts from the module workbook

## Workbook contents

### Introduction

- Aims and learning outcomes
- How to use the workbook
- University Days
- Feedback

### Chapter 1 How the skin functions in relation to its structure

- Structure of the skin
- Epidermis
- Basement membrane zone
- Dermis
- Appendages to the skin
- Functions of the skin

### Chapter 2 How to assess the skin

- Assessing the skin
- Describing lesions
- Taking samples
- Risk assessment

### Chapter 3 Promoting skin health

- What is skin health?
- Why is skin health important?
- Relationships between health education and health promotion
- Keeping the skin healthy
- Risk factors associated with UV exposure
- Protecting the skin from harmful effects of UV radiation
- Recognising suspicious lesions
- What to do

### Chapter 4 How do the mind and skin influence one another?

- Mental health in chronic skin conditions
- Mental illness and skin conditions

### Chapter 5 How does skin disease impact on quality of life

- What is quality of life and why measure it?
- Examples of quality of life measures

### Chapter 6 What can nurses do?

- Recognising your transferable skills

### Chapter 7 Concordance and compliance

- Definitions
- Importance in skin health
- How can nurses enhance concordance?

### Chapter 8 How to manage symptoms associated with chronic skin conditions

- What are the main symptoms of chronic skin conditions?
- How to apply emollients
- Adjuncts to emollient therapy
- Behaviour management

### Chapter 9 What is that rash and how can I treat it?

- Categorising rashes
- Describing rashes
- Nursing response

### Chapter 10 What are eczema, acne and psoriasis?

- Description of each disease
- Case Studies

### Chapter 11 Treatments for chronic skin conditions

- General principles of applying topical treatments
- Emollients
- Topical Steroids
- Other possible topical treatments
- Other possible interventions

### Chapter 12 Environments for care

- Service reconfiguration
- Service delivery
- User experiences

## CHAPTER 4

## How do the mind and skin influence one another?

### Introduction

You should expect to spend approximately 9 hours working through this chapter.

This chapter draws your attention to the complicated issues of the association between the mind and the skin. The activities and reflection recommended seek to encourage you to consider mental well being when you see patients with skin conditions, particularly when the problems are chronic in nature.

### Mental health in chronic skin conditions

The mind and the skin undoubtedly have a significant impact on one another: The literature indicates that stress can trigger chronic skin problems such as psoriasis and as the above fascinating fact indicates, skin problems have a major role to play in influencing peoples' mental health.

### Activity

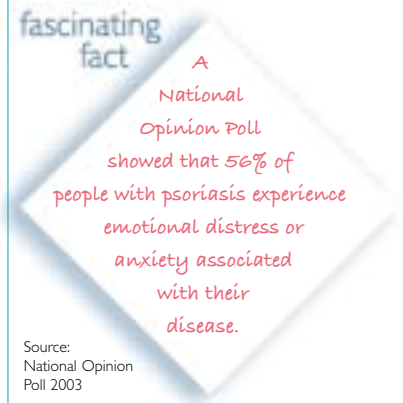
Read and critically appraise the article by Griffiths and Richards about the psychological influences in psoriasis. The article reviews much of the evidence that exists about the links between mind and skin in relation to psoriasis. Although it has been published in a medical journal it is written clearly and provides useful insight into this complex area. As you read the article make notes on the most important points that you think this article is trying to get across.

GRIFFITHS, C. & RICHARDS, H. 2001 Psychological influences in psoriasis *Clinical and Experimental Psychology* 26(4):338-42

### These are some of the things that you may have thought about when reading the article:

1. The influences of the mind on the skin and vice versa, are complex.
2. Stress has been shown to have a role in triggering psoriasis and in maintaining its presence.
3. Worry is thought to be more common in those with psoriasis along with other traits such as anxiety and depression. It has been shown that those who exhibit tendencies to be pathological worriers respond less well to systemic treatment (in this case light therapy).
4. Severity of the disease is not necessarily linked to psychological impact. In other words those who have the most severe physical manifestation of the disease are not necessarily the most likely to have a negative psychological response.
5. Two of the most important things that have been shown to influence psychological difficulties are:
  - a. engaging in anticipatory avoidance coping behaviour (e.g. not doing things because the individual believes that it will have a negative outcome even if this has never actually happened);
  - b. the individual believing that they are being evaluated on the basis of their skin.

It is thought that these two factors lead to the everyday low grade but persistent stress that makes living with psoriasis difficult.



## UNIT B - CHAPTER 4

6. Psychological issues have been shown to account for more psoriasis related disability than any other factor.
7. Although rarely acknowledged this article suggests that psychological interventions (such as anxiety management) may have a significant role to play in the treatment of psoriasis.
8. Adherence to prescribed treatments is acknowledged to be a problem (this issue is tackled in Chapter 7).
9. There is little evidence to suggest that psychopharmacological interventions are of much use for the management of psoriasis on a long term basis.
10. The authors describe a possible mechanism for the relationship between stress and psoriasis. This is a field which needs more study to understand fully.

If you are particularly interested in this area you may like to try and read the Hautmann and Panconesi article which focuses on vitiligo. The first page makes some general comments about the importance of skin on mental well being and is well worth reading. Rather than being an extensive review of the topic the authors of this article are expressing their opinions (with some reference to the literature). As you read it there may be parts of it that you do not agree with.

HAUTMANN, G & PANCONESI, E. 1997 Vitiligo: A psychologically influenced and influencing disease *Clinics in Dermatology* 15(6):879-89

### **A**ctivity

Watch video clip 2 and listen to the audio clip.

### *Mental illness and skin conditions*

There are some rare skin conditions which are thought to reflect serious mental health problems. Treating these conditions is often difficult as the individual may deny that there is a problem. It is likely that a referral to a psychiatrist will be necessary.



**Dermatitis artefacta**

Dermatitis artefacta involves the patient inflicting damage upon themselves. They may well deny any knowledge of doing this. The unusual lesions and the fact that they can sometimes mimic "real" dermatological conditions, may make diagnosis difficult.

In delusions of parasitosis the patient is convinced that they are infested with insects or worms that are crawling all over or in their body, it may be linked to an obsessive compulsive disorder.

## HOW DO THE MIND AND SKIN INFLUENCE ONE ANOTHER?



**Trichotillomania**

Less serious but still thought to be linked to mental health problems are trichotillomania and neurotic excoriations. The former involves hair pulling such that bald patches start to appear and is related to anxiety and neurotic excoriations describes the tendency to pick or scratch at the skin particularly at lesions on the skin, it is likely to be linked to anxiety and stress.

### **A**ctivity

There are a number of recommended references. Depending on your area of interest it is suggested that you read and make notes on at least two of them.

#### **Further Reading**

- ABSOLON, C., COTTRELL, D., ELDRIDGE, S. & GLOVER, M. 1997 Psychological disturbance in atopic eczema: the extent of the problem in school-aged children *British Journal of Dermatology* 137(2):241-5
- BULLUS, S. 2002 Altered body image related to skin impairment in Penzer, R (ed) *Nursing care of the skin* Oxford: Butterworth Heinemann
- KOBLENZER, C. 1996 Psychologic aspects of ageing and the skin *Clinics in Dermatology* 14(2):171-7
- LEWIS JONES, S. 2000 The psychological impact of skin disease *Nursing Times* 96(27 suppl):2-4
- RUMSEY, N., CLARKE, A. & MUSA, M. 2002 Altered body image: the psychosocial needs of patients *British Journal of Community Nursing* 7(11):563-6

#### **Impact on practice ideas**

Having completed this chapter reflect on what you will now do to develop your own practice to take into account the mental health needs of those with a skin condition. Discuss your thoughts with your mentor:

#### **Reference**

NATIONAL OPINION POLL, ONLINE SURVEY March 2003, *Psychological Impact of Psoriasis*

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