

Time spent on treatment in dermatology - how much time do outpatients use and is it a measure of morbidity?

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ABSTRACT

Introduction. The impact of skin disease on patients is varied. Time appears to be an important element in the assessment of the impact of chronic recurrent diseases such as skin diseases. In addition, data about the time spent on treatment has not previously been described in spite of its obvious importance to general patient management in dermatology.

Materials and methods. The total time spent on treatment, including time spent on visiting the physician and obtaining drugs from the pharmacy, was therefore investigated in a sample of consecutive outpatients in employment (n=53) and healthy controls (n=41).

Results. Patients spent an average of 2.4 minutes (95% confidence interval: 1.9 - 2.8 minutes) while healthy controls spent 0.9 min (95% confidence interval: 0.7 - 1.2) per day treating skin disease (P<0.001). No correlation between time spent and disease, duration, quality-of-life (Dermatology Life Quality Index) or patient age was found.

Discussion. The observation suggests that time alone is not an appropriate surrogate measure in a mixed group of patients. Additional studies are therefore necessary to delineate the usefulness of time spent on treatment (TSOT). This should be done in more uniform groups of patients and using other objective measures of morbidity. Finally the data presented suggest that TSOT in itself may not be a major factor in patients' assessment of treatments.

KEY WORDS

dermatology,
quality-of-life,
morbidity,
index,
methodology

Introduction

Measuring morbidity causes inherent problems in dermatology where chronic-recurrent diseases of low mortality predominate. Routine clinical bedside assessment is neither sufficiently explicit nor accurate, and semi-quantitative measures developed for specific diseases, e.g. PASI score, are not generally applicable (1, 2).

A need for a reliable general method of morbidity quantification therefore exists in dermatology.

One approach is the use of patients' assessments of quality-of-life (QOL), e.g. the dermatology life quality index (DLQI) (3). Studies have documented a positive correlation between QOL questionnaires and clinical

