

# BSPD Newsletter 2020 #2

## *Adolescent Dermatology*



Dear all,

Hope you are all coping OK.

As promised in the Autumn newsletter and update, this is the first of a series of newsletters (every 2 months) updating you on thematic issues and the ways that the BSPD is engaged on them.

This newsletter is focussing on adolescence and will be followed by newsletters from our different taskforces that cover psychology, service delivery, patient information and others. We'd be delighted to receive your ideas for topics to cover in the future.

It seems fitting to focus on young people at this time when the current pandemic is having such a huge impact on them and their future prospects.

There is increasing research on the ways that skin disease impacts young people and how we can best support them. The BSPD is focussing on this vulnerable and vital age group in various ways and this themed newsletter gives some background, updates and resources.

### **Adolescent dermatology**

We know that many dermatologists report that they have not had sufficient training and find managing adolescents challenging. Skin problems are not only common in this age group but can have a massive impact on every aspect of life at a time of great change and growing independence. Health services do not always serve this age group well. Research shows that young people can feel let down and not know how to get the support they need.

It can feel complicated and difficult to put this right. But it's also very important and rewarding. If done well, supporting young people to manage their skin and health can have a massive impact both now and into the future.

### **Developmentally appropriate services with psychosocial support for young people**

There is emphasis both nationally and globally, including from the Department of Health and the WHO, on the importance of recognising young adults and adolescents (YAA) or young people as a distinct demographic group. Evidence suggests that the health, psychological and socioeconomic outcomes for this group are far worse when the need for specific developmentally appropriate care and support is ignored. Services need to be designed and built to reflect and support these needs. However, current service design means provision tends to be interrupted, at this vital time of transition, as patients move from paediatric to adult services, resulting in poor health and psycho-social outcomes. In dermatology, there are specific appearance-related distress and psychological/self-esteem issues which can make transition even more challenging to negotiate.

There is now a wealth of evidence, best practice, case studies, literature searches and guidelines about this transition process that happens over years, and needs to cover three phases:

- Timely preparation started within child and adolescent services
- Actively managed and coordinated transfers between child -adolescent-adult services
- Continuous developmentally appropriate support from adult services

Dermatology is a specialty that is well placed to offer smooth transition as many dermatologists are trained in management of skin conditions of all age groups. Specialised Adolescent or Young Person's Dermatology services can provide valuable support for their medical and psychosocial needs. However, these services remain limited and patchy nationally. Those that do exist have [shown positive outcomes](#). We know that more departments are developing or thinking of developing these services which is great (for example the Belfast

Health and Social Care Trust– [winner of the BSPD poster prize in 2019](#)) and we are keen for the BSPD to support this.

### **What can you do to make sure your service is developmentally appropriate?**

All clinicians, whether paediatric dermatologists or adult clinicians, must recognise how to support patients presenting to dermatology in this age group. There is a particular need for a planned and supported transition process for young people with a range of chronic skin conditions and complex healthcare needs as they move from child to adult delivered services and lifestyles.

In the new [adolescent section of the BSPD website](#) we have created a list of background articles for healthcare professionals and some resources to support developmentally appropriate healthcare including evidence to support business models, e-learning modules, toolkits and ways to develop and audit your service.

Wherever you work, do think of developing a specific service catering for the needs of young people and consider how you can support them within your existing service. Even if you do not have a designated clinic or service (yet) then the first thing is just to be friendly and kind to young people. Make sure you consider seeing them on their own if appropriate and consider confidentiality rights, access to chaperones, dedicated clinic space, graded self-management and other relevant services and advocacy organisations.

The BSPD has created clinic information which can be adapted for your use in a specialised young person's dermatology clinic, including a list of resources which may be shared with adolescent patients, available [here](#).

The current pandemic has fast tracked the whole world to move to virtual virtually everything, including the way we see patients. Presentations at the recent BSPD meeting in Bristol are already starting to address this: Alice Tidman in Glasgow – who won the poster prize and Ravi Ramessur in Luton – who gave an oral presentation. Young people may be well placed to adapt to this but we will have to monitor how virtual consultations impact all age groups including adolescents over the next few months, as organisations such as [YPHSIG](#) (Young People's Health Special Interest Group, an association of the RCPCH) are highlighting some challenges around online consultations for young people; including concerns around confidentiality (e.g. parents hanging around in the background) and safeguarding.

### **Patient involvement**

The BSPD has been working closely with charities and patient groups with young people as a focus.

Work with the [Eczema Outreach Support](#) charity includes Zoom workshops with young people and the development of a video for young people starting secondary school, which includes input from Paula Beattie and Tess McPherson. The video is available on [YouTube](#).

Tess McPherson is writing a series of articles for the National Eczema Society for parents of both teenagers and young people and is currently working on a book with input from patients; 'How to be comfortable in your skin; A practical, evidence based guide' to be published by Oxford University Press 2021.

### **Online resources:**

Social media and the world online can often seem to be part of the problem. Young people are bombarded with messaging that makes them feel like they need to have perfect skin and that any visible difference is not OK. However, there is lots of positive content online. Social media can be a place where skin conditions are increasingly openly exposed which may help empower patients and destigmatise skin and hair conditions.

Young people do not always want to attend formal support groups and may be more comfortable with virtual support. The use of appropriate resources has been shown to help them feel less alone and find solutions to their problems.

The list of resources relevant to skin conditions specific for this age group is included on the [BSPD website](#). Please do offer this to your patients.

A couple of web resources developed with involvement of the BSPD team worth mentioning:

<https://www.yfaceit.co.uk/>

Emma Howard is involved in this project for young people coping with visible differences and is working with the Centre for Appearance Research to make it a resource that may be soon more widely available.

[healthtalk.org](http://healthtalk.org) is a patient experience site which has patient experiences of over 100 health conditions. Since 2019 there have been sections on young people's experiences of [alopecia](#), [eczema](#), [acne](#) and [psoriasis](#). This was work involving the health experiences group in Oxford and paediatric dermatologists Fiona Browne, Tess McPherson and Celia Moss.

Not only is healthtalk.org a valuable resource for patients but the videos of young people talking can be useful for teaching purposes (especially when registrars and students may be having less face to face contact). These interviews have also been used for qualitative research, including the two recent articles in the BJD below, to help understand the lived experience of our patients and provide important messages for health workers. These young voices are clearly asking for health professionals to provide good information on their skin conditions and to consider the psychological impact.

**'It's like the bad guy in a movie who just doesn't die': a qualitative exploration of young people's adaptation to eczema and implications for self-care** *Ghio et al BJD 2019.*

<https://onlinelibrary.wiley.com/doi/full/10.1111/bjd.18046>

**A qualitative exploration of the experiences of adolescents with alopecia areata and their messages for healthcare professionals. "You're harnessed into the roller coaster no matter what"**  
*De Vere Hunt et al BJD 2020*

<https://onlinelibrary.wiley.com/doi/abs/10.1111/bjd.19598>

### Conferences

The [World Congress of Paediatric Dermatology](#) – the highlight of global paediatric and adolescent dermatology is going to be in Edinburgh in September 2021. As well as an excellent BSPD session and much more there is going to be a dedicated adolescent session in the congress.

The WCPD is available to book now and fully COVID proofed. Click [here](#) for further information.

### Change of name of British Society of Paediatric Dermatology?

We would like to suggest consideration of a change in the name of the BSPD to the British Society of Paediatric and Adolescent Dermatology (BSPAD).

#### **Why do it?**

Quite simply, by putting adolescent in the title makes a statement of intent that "young people are not forgotten". It would mean that the target outcomes for the BSPD (or BSPAD) would become children and young people-focused, rather than just children-focused. It would also acknowledge that the organisation is of relevance to whoever sees adolescents, which would include adult clinicians as well as paediatric clinicians.

#### **In good company:**

There is greater awareness of adolescent health and leadership in this field, by professional associations. This change would bring Dermatology into line with other vanguard specialties in the development of developmentally appropriate health care for this age group – such as Rheumatology/ BSPAR, Bone/BPABG, Public health/BSCAPH and Mental Health/CAMHS.

NHS England's National Clinical Director for Children **was re-named the National Clinical Director for Children and Young People** to specifically acknowledge this important demographic and to highlight the focus on transition to adulthood. The **Royal College of Physicians** has also developed the [Young Adults and Adolescents Steering Group](#) (YAASG) to ensure that adult physicians are also at the forefront of developing services for adolescents and young people. Emma Howard sits on this group.

BSPAD would also differentiate us from the BSPD (British Society of Paediatric Dentistry) which you may have seen currently comes up first on internet searches!

This will be put to vote next AGM 2021!

Final thoughts; The most important thing is to be kind to teenagers, think of all that they are going through and how their skin is impacting this. They are *'not just a piece of skin in front of you'* (quote from a 16 year old with psoriasis).

Do let us know if you have any comments on how your service is supporting this age group or want any further information.

All the best and take care,

*Emma Howard, Tess McPherson and Conor Broderick*



*Emma Howard*

*Tess Mc*

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