WHO surgical checklist in dermatology: compliance, attitudes, & barriers

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Background & aims: The WHO surgical checklist is associated with reduced morbidity, mortality, and improved team work. However, its efficacy depends on compliance. The aim of this study was to determine the compliance of the biologics, and the length of time required for the checklist to improve compliance. Methods: Records of patients who had dermatological surgery at a British regional centre were studied December 2014 - May 2015. Questionnaires were sent to staff to establish attitudes & barriers. Changes were implemented including delivering educational sessions, and allocating a specified time for checklist completion. Compliance was reassessed 4 weeks later. Results: 217 patient notes were studied. The most common procedure was excision biopsy (46%); 13% had surgery to multiple sites. On average, 76% of checklists were completed in patients with refractory and/or relapsing EG. We conducted a national representative study including ECAP patients who received omalizumab. Response was defined as the absence of asthma and/or sinonasal exacerbations with a prednisone dose ≤ 7.5 mg/day for ≥ 7.5 months. Seventy-five patients (median age 45 years) received omalizumab for severe steroid-dependent asthma (88%) and/or sinonasal involvement (18%). After a median follow-up of 22 months, 6 patients (15%) achieved a complete response, 5 patients (10%) a partial response and 6 patients (15%) had no improvement. Median BVAS dropped from 2.5 at baseline to 0.5 at 12 months. Median forced expiratory volume in 1 second (FEV1) increased from 61% at baseline to 85% of the average value at 12 months. Median prednisone dose decreased from 16 mg/day at baseline to 11 and 9 mg/day at 6 and 12 months, respectively. Omalizumab was discontinued in 8 patients because of remission (25%), refractory disease (25%), or relapse (50%). Relapses included rebound of optic neuritis attributable to ECAP in 2 cases and severe asthma flare in 2 others. This study suggests that omalizumab may have corticosteroid-sparing effect in ECAP with asthmatic and/or sinonasal manifestations, but reducing corticosteroids may also increase the risk of severe ECAP flares, raising the question of its safety in this condition.

The Dermatology Life Quality Index (DLQI) and the European Quality of Life-5 Dimension (EQ-5D) are patient reported outcome measures used to obtain quality of life (QoL) information. The DLQI is a specialty-specific measure unlike the EQ-5D, a generic measure from which utility values can be derived. This often results in several measures being implemented in studies with increased cost and patient burden. Ordinal logistic regression was used to fit a model to EQ-5D health state values. Data from 4,010 patients were randomly divided into estimation and validation sets to fit and test the model. A series of ordinal logistic regressions were fitted in SPSS v22 for the five EQ-5D dimensions based on age, sex and all 10 individual items of the DLQI as predictors. The model produced three estimated probabilities per subject per EQ-5D health state. Using these estimated probabilities for the entire validation set ranged from 0.742 to 0.753 across the 10 MC III, respectively. This model provides a methodology that will enable researchers to predict EQ-5D utility values in a specialty-specific study population using a specially-specialty QoL tool.

Is it appropriate to use the Dermatology Life Quality Index for medical-decision making in psoriasis patients?

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