

A Dermatologist's Dilemma: Treatment Failure or Failure to Treat?

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Too often chronic skin disease, particularly extensive disease, does not improve with topical therapy alone, which typically is thought to be due to the ineffectiveness of the medication, the resistance of immune cells, or the failure to treat the entire field of involvement. These explanations lead physicians to think that patients may need more potent and risky treatments, systemic therapies, or other approaches that address the entire field of disease.¹ However, in many cases treatment failure is not caused by resistant disease but by failure to treat.

When evaluating causes of treatment failure, adherence concerns often are ignored, even though poor adherence is exceedingly common. If a treatment is not working as expected, it is too easy to assume the patient's condition is resistant to the treatment. Patients can easily convince physicians that they are following medical treatment as directed.² It is possible patients are properly using medications, but clinical trials measuring treatment use have found that patients may report using the treatment in written treatment diaries even when they do not actually use the medicine.³ Moreover, actual patients appear to be far less adherent than clinical trial participants. Although there may be several reasons for treatment failure, observed ineffectiveness often is due to poor adherence.

In fact, Storm et al⁴ reported that 1 in 3 prescriptions are never even filled. Prescription fill rates were especially low for chronic diseases such as psoriasis and atopic dermatitis.⁴ Only approximately half of prescriptions that are filled are used the prescribed

number of times, and many patients use their medications poorly and with unpredictable patterns.^{3,5} Adherence to topical therapy is not only related to the number of times the medication is applied but also to the quality of application. Among first-time dermatology patients in one study, 94% (16/17) used a suboptimal dose of topical therapy.⁶ These issues with adherence are linked to poor outcomes in patients with varied dermatologic conditions such as acne, atopic dermatitis, and psoriasis.⁷ Patients with more severe disease are less likely to be adherent to treatment than patients with milder disease.⁸ Indeed, it is expecting a lot for patients with 5% to 10% or more body surface area involvement to use topical treatments on all of their lesions on a regular basis! For many of these patients, topical therapies may not be rational treatment options if they do not feel they can treat all lesions on a regular basis. Systemic treatments may be first-line approaches for these patients because adherence to topical treatments may be entirely impractical.

Although there clearly is a time to consider the possibility of treatment failure, physicians should first consider, assess, and address failure-to-treat concerns before treatment resistance is assumed. Treatment outcomes can be improved by encouraging patients to use their medications more adequately. There are 3 pillars of successful dermatologic care: making the right diagnosis, choosing the right treatment, and encouraging patients to take their medication. The foundation of adherence is a trusting physician-patient relationship, one that overrides the patient's fear of drug treatment. Other approaches such as scheduling an early office visit to minimize the apparent burden of treatment and tailoring treatments to patient preferences (ie, choosing vehicles that patients do not mind using) can result in improved use of medication and better treatment outcomes.⁹⁻¹¹ Providing the patient with written information on why the treatment is helpful and how it should be used also may be beneficial.¹² Putting side effects in perspective, which often is no easy task, also needs to be a consideration. Oftentimes patients may be able to clear their condition with a medication they have already tried but did not use

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The Center for Dermatology Research is supported by an unrestricted educational grant from Galderma Laboratories, LP. The authors report no conflict of interest.

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well without the need to try more toxic or costly systemic therapies. Addressing these concerns that affect patient adherence may help to achieve more favorable treatment outcomes.

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QUICK POLL QUESTION



How do you help patients to be more compliant with their treatment regimen?

- give patients written instructions and have them keep a diary detailing treatment application
- schedule a follow-up office visit shortly after treatment is initiated
- select vehicles that are more acceptable to patients
- all of the above

Go to www.cutis.com to answer our Quick Poll Question

Have your own method to help patients with compliance issues? Let us know and we'll feature it in an upcoming issue. Contact our Editorial Office (melissa.steiger@qhc.com).