

Communication Skills Enhance Patient Encounters

BY LEANNE SULLIVAN
Associate Editor

WASHINGTON — More than a third of physicians find at least 25% of their patient interactions to be quite frustrating, and about 8% of physicians say they find at least half of their consultations frustrating.

Good communication skills can help equip physicians to cope with the patients whose behavior and personalities they find challenging. Although communica-

tion skills involve “no whiz-bang drugs or procedures or devices,” they can be learned, Dr. David J. Gullen said at the annual meeting of the American College of Physicians.

And these skills will be used often throughout a physician’s years of practice. “We estimate that in a 25-year career, we could have roughly 250,000 patient encounters. Now, that would be somebody who does a lot of outpatient work. Even if we had a very specialized, procedural-

ized practice ... we still would spend more time talking to patients than actually operating on them,” he said.

Studies have shown that good communication can improve clinical care through better adherence to treatment plans, improved patient and physician satisfaction, better data gathering, and more appropriate medical decisions. Good communication also can reduce the risk of malpractice claims, said Dr. Gullen of the Mayo Clinic, Scottsdale, Ariz.

The American Academy on Communication in Healthcare (www.aachonline.org) has divided patient-physician communication into three functions: information gathering, relationship building, and education. The three main goals of the patient interview are to glean information about the patient’s health status and what the patient expects from the physician that day, to build a trusting relationship between the physician and the patient, and to provide health education to the patient.

Information gathering involves active listening. A University of Rochester (N.Y.) study showed that, on average, doctors interrupt a patient’s narrative after 18-23 seconds. Make an effort not to interrupt for at least 1 full minute, Dr. Gullen suggested.



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DR. GULLEN

In primary care, “about a quarter of patients think we didn’t talk about, [solve], or address the problem for which they saw us. For subspecialists, it’s about the same: Maybe a third of the patients think the subspecialists either didn’t address the problem or didn’t explain the recommendations very well,” he said.

Patients present with an average of three to five complaints, and the first one they recount is usually not their main concern, so don’t spend the entire visit on that, he cautioned. Instead, after patients tell you their first complaint, ask, “Is there anything else?” To prevent making patients feel as if what they just said was unimportant, you can add, “I’m really concerned. I just want to see if you brought anything else with you.”

Eliciting this information at the outset helps decrease “oh, by the way” or “door-knob” complaints that patients volunteer as the visit is ending, he added.

Relationship building is another important goal of physician-patient communication. Dr. Gullen suggested that to improve your relationship-building skills and establish the patient’s trust, think of the acronym PEARLS:

► **Partnership.** This involves working with the patient to define the issues and create a treatment plan.

► **Empathy.** Understanding can be communicated to the patient through remarks such as, “That sounds hard,” or “You look upset.”

► **Apology/acknowledgment.** Show concern for the patient through comments like, “I’m sorry I’m running late today.”

► **Respect.** Show appreciation for the patient’s behaviors by saying things like, “You have obviously researched this problem quite well.”

► **Legitimation.** Reassure patients that their feelings are appropriate: “Anyone would be confused by this situation.”


► **Support.** Tell patients that you are there to help them. ■

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CONTRAINDICATIONS

XOLEGEL Gel should not be used in those patients with a history of sensitivity reactions to any of its components. It should be discontinued if hypersensitivity is noted.

WARNINGS

Avoid eye, eye irritation during and immediately following use of topical XOLEGEL Gel.

PRECAUTIONS

Caution: XOLEGEL Gel is for topical use only and is not for ophthalmic and/or intranasal use. If it enters your eye or if the drug is washed out of the medication should be discontinued and the health care provider should be contacted.

Hepatic and/or renal impairment, decreased renal function and ACTH-induced corticosteroid levels have been seen with orally administered ketoconazole. These effects have not been seen with topical ketoconazole.

Information for Patients

1. This medication is to be used as directed by the health care provider. It is for external use only.
2. XOLEGEL Gel may be irritating to mucous membranes. Contact with the eyes, nostrils and mouth should be avoided.
3. As with any topical medication, patients should wash their hands after application.
4. This medication should not be used for any disorder other than that for which it has been prescribed.
5. Patients should report any signs of adverse reactions to their health care provider.

Drug Interactions: Formal drug-drug interaction studies with XOLEGEL Gel have not been performed. Carbamazepine, a known inhibitor of CYP3A4, may have an effect on the pharmacokinetics of ketoconazole. A long-term safety study in adults with chronic and in children with acute evidence of seborrheic dermatitis, ketoconazole gel as a cream up to 5 mg/kg/day is not pharmacologically or toxicologically equivalent to ketoconazole gel 2% as a cream up to 5 mg/kg/day for a period of 16 weeks. Ketoconazole produced no evidence of mutagenicity in the dominant test, mutation test in yeast and frame shift test in single cell clones up to 80 mg/kg. When tested in the mouse acute hepatotoxicity test, ketoconazole was found to be non-toxic up to 50 mg/kg. Administration in the presence and absence of metabolic activation. Ketoconazole in combination with another drug, gave equivalent results in the mouse hepatotoxicity test. At oral doses of 75 to 80 mg/kg/day (75 to 80 mg/kg/day) the human dose, ketoconazole impaired the reproductive performance in female (decreased pregnancy and implantation rates and high frequency abnormal sperm) and decreased sperm viability rates.

Pregnancy Category C: Reproductive studies have not been performed with ketoconazole. Ketoconazole was tested for its effects on offspring in the rat at oral doses of 10, 20, 40, 80, and 160 mg/kg. Ketoconazole was teratogenic (embryonic and foetal deaths) at 80 mg/kg/day and embryonic at 160 mg/kg/day (75 and 125 times the human dose, respectively). However, these effects may be related to maternal toxicity, which was also seen at these dose levels.

Newborn Toxicity Effects

Oral doses of 10, 20, 40, 80 and 160 mg/kg were studied. In one- and postnatal developmental studies in rats, doses of 40 mg/kg (10 times the human dose) and above were associated with maternal toxicity, an increase in the length of gestation, and an increase in the number of stillborn fetuses. These doses of ketoconazole were also toxic to the offspring, resulting in a decrease in fetal body weights and viability.

There are no adverse and well-controlled studies in pregnant women. XOLEGEL Gel should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

References

1. Data on file, Barrier Therapeutics, Inc. 2. Draelos CD, Kenneally DD, Hodson EJ, Bilheimer W, Cepas M, Mangral C. A comparison of hair quality and cosmetic acceptance following the use of two anti-dandruff shampoos. J Cosmet Dermatol Symp Proc. 2005;10:231-234.

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Mixing products: It is not known whether XOLEGEL Gel is absorbed by women's milk. Because many drugs are excreted in human milk, caution should be exercised when XOLEGEL Gel is administered to nursing women.

Pediatric Use: Safety and effectiveness in pediatric patients below the age of 12 have not been established.

Geriatric Use: Of the 933 subjects in the three safety and efficacy studies, 193 (20.8%) were 65 and over, while 61 (6.5%) were 75 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, but greater sensitivity of some older individuals cannot be ruled out.

ADVERSE REACTIONS

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. The adverse reaction information from clinical trials does, however, provide a basis for identifying the adverse events that appear to be related to drug use and for approximating rates.

Overall Summary of Adverse Events Reported by 176 of 933 Subjects

Adverse Event	XOLEGEL Gel (N=176)	Placebo (N=176)
Any Adverse Event	68 (38.6)	67 (38.1)
Application site burning	33 (18.8)	11 (6.3)
Itch/rash	31 (17.6)	3 (1.7)

NOTE: The same adverse event reported by a subject at a later date is counted as one event for this subject and the strongest intensity and duration are reported.

In the three safety and efficacy studies, 45 of 933 subjects (4.8%) experienced at least one treatment-related adverse event. The most common treatment-related adverse event was application site burning (see table 3). Treatment-related application site reactions that were reported in 1% of subjects were dermatitis, discharge, dryness, erythema, irritation, rash, pain, and pruritus. Other treatment-related adverse reactions that were reported in 1% of subjects were eye irritation, eye swelling, keratoconjunctivitis, nasal irritation, pyogenic granuloma, skin rash, headache, pruritus, sore, red, inflammation, tooth staining, contact dermatitis, conjunctive irritation, photophobia and photophobia, and photophobia. There has been no experience of overdoses with XOLEGEL Gel. The incidence of accidental ingestion has been reported. It is not known whether or not patients should be cautioned in the event of accidental ingestion.

OVERDOSAGE

XOLEGEL Gel is intended for topical use only.

There has been no experience of overdoses with XOLEGEL Gel. The incidence of accidental ingestion has been reported. It is not known whether or not patients should be cautioned in the event of accidental ingestion.

Keep out of reach of children.

For additional information, please call toll free 1-800-440-1000.

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July 2007

XO-006