

A Dermatologist's Visit to the Community: An Intriguing Perspective

Commentary

Skin diseases are one of the most frequent causes of morbidity in developing countries. Very little is known about the dermatologic needs of the population. Although only a few studies refer to the impact of skin diseases on healthcare systems in developing countries, these are very common in rural and urban areas and account for a high percentage of the visits to primary healthcare centers.^[1] An ambitious project by the name of The Task Force for Skin Care for All: Community Dermatology was launched by International Society of Dermatology in Berlin in the year 2008. International Journal of Dermatology published a series of articles under the section "Community Dermatology" relevant to the aims of the Task Force to discuss the concept and bring it to the forefront. Community dermatology is a new upcoming sub-speciality for those interested in epidemiology and public health. It deals with dermatological health needs assessment of the community and working closely with them to benefit the community.^[2] Common dermatological diseases have already been shown to have a significant impact on public health spending. The demand to approach and engage the community at various levels to provide a solution to their health issues is fast coming up, and dermatology is not behind any other speciality in fulfilling its duty toward the society.

Recently, we got an opportunity to visit the "Swasthya Chetna Evam Jan Sampark Abhiyanin Misson Mode Awareness and Screening Shivir" at India International Trade Fair organized under the aegis of Ministry of Health and Family Welfare, Government of India from 14th–27th November 2018. It is an international event held annually at the same venue in an urban area of Delhi. Studies have been conducted previously at the community level in rural as well as urban areas,^[3] but the experience of a visit to such a gathering at an urban area was novel. People visit the venue from all parts of the country as well as from world for various purposes such as business, attending exhibitions, purchasing, at stalls organized by various government ministries, private stalls related to clothing, cosmetics, health sectors, science and technology, education, agriculture, other innovative products, etc.

Advertising through public announcements resulted in the attendance of 101 patients to the camp. The patients were attended to by two qualified dermatologists in 6 h shifts from 8 AM to 8 PM. The visitors who approached us had a wide range of dermatological conditions. The age of the patients ranged from 8 to 60 years with a mean age of 31.4 ± 12.3 years. Most patients (59.4%) were young (20–40 year age group) with almost equal male and females. Patients less than 20 years were 22 (21.8%),

whereas 19 (18.8%) patients were more than 40 years of age. The event is visited by people from foreign countries also, however, all the patients who visited us were of Indian origin. The venue was situated in an urban area in Delhi, however, the visitors were from quite varied places across the states. Varied range of dermatological conditions was seen including infectious (12.9%) and non-infectious etiology (87.1%). Infection conditions were relatively less probably owing to their symptomatic nature and thus possibility of seeking early intervention. In infectious disorders, most of patients were fungal infection (5%), followed by viral infection (3%) and parasitic infestation (3%), bacterial infection (2%), whereas in non-infectious conditions most commonly seen were appendageal disorders (25.7%) followed by pigmentary disorders (18.8%), eczematous disorders (13.9%), metabolic disorders (7.9%), papulosquamous disorders (5%), neurological disorders (5%), allergic disorders (3%) and others (7.9%). Among appendageal disorders, the categories included hair disorders (diffuse hair fall, androgenic alopecia, alopecia areata, telogen effluvium, female pattern hair loss, and hirsutism), nail disorders (brittle nail, longitudinal melanonychia, onychomycosis, and chronic paronychia), and sebaceous gland disorders (acne vulgaris and Fordyce spot). Metabolic disorders included skin tags, xanthelasma palpebrarum, and acanthosis nigricans. In pigmentary disorders, freckles, melasma, vitiligo, macular amyloidosis, pigmented purpuric dermatosis, and post inflammatory hyperpigmentation were seen. Eczematous disorders included atopic dermatitis, allergic contact dermatitis, pityriasis alba, seborrheic dermatitis, stasis eczema, and discoid eczema. In papulosquamous disorders, psoriasis, and oral lichen planus were seen. In allergic disorders, urticaria was seen. Neurological disorders included pruritus, lichen simplex chronicus, and prurigo nodularis. Others were lipoma and xerosis. The patients were examined by a qualified dermatologist, and a provisional diagnosis was made. The patients were prescribed preliminary medication. Almost half of the patients needed investigations and about 93.1% patients needed further follow-up for management of their conditions. Hence, they were asked to visit to our hospital situated near to the venue for further management. Among the patients seen, 69.3% had sought dermatological consultation for the first time, whereas 30.7% patients had already consulted a physician and wanted to have a second consultation.

For designing any intervention, the first and the foremost requirement is the population data to understand the problems prevailing in the community. A major issue is the recognition of the problem at the grassroot level. Skin

disease is a common problem affecting up to 60% of the population.^[4,5] Skin infections such as impetigo, fungal, and parasitic infections affect hundred millions of people and are the third most common reason for attending health centers.^[6] Most epidemiological information about skin diseases we possess is according to data collected from medical records in specialized centers and thus may not actually represent the real prevalence of skin disease in the community. Direct outreach to the community like the present one is more likely to yield a more closely representative data because of the very nature of it.

Herein, a preliminary survey for the prevalence of infective and non-infective skin diseases was carried out. This experience suggests a methodology for the practice of community dermatology, a subject relatively untouched in the literature. This endeavor of relatively short period of a fortnight provided a valuable insight into a few epidemiologic parameters like the pattern of skin diseases in the community, the age groups affected, the gender prevalence, and the relative lack of knowledge about the need to seek dermatological intervention. More than two-third of the people came to us, visited a dermatologist for the first time. The various factors behind this high number could be relative sparse distribution of dermatologist in the community and high cost of health care in the private sector. The data provide us an insight into the dermatological conditions in the community and the need for initiating interventions in the community to make them aware about the common dermatological conditions. By organizing and volunteering in medical missions such as the present one, dermatologists can expand their learning horizon and express their altruistic values by using their skills outside of their usual clinical setting.^[7] One such initiative has been undertaken by Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) in the form of a “Skin Safar Rath” an ambitious activity, which is scheduled over a period of 60 days from 21st December 2018 to 22nd February 2019, traveling a distance of approximately 11,000 km covering 18 states in India aimed to bring awareness about skin health. It will carry a LED screen, which will show educational documentary and street play videos to create awareness among the general public in their regional languages. Dermatology societies in various part of the developing world should take upon themselves the task of promoting altruistic behavior among dermatologists and promoting a sense of responsibility toward society by the growth of this new subspecialty. Dermatologists should be the first to come forward for any such noble cause, to take care of the dermatological diseases in a holistic manner, and to promote the dermatology quality of life.

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Conflicts of interest

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