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Telemedicine and support groups could be used to improve adherence to treatment and health-related quality of life in patients affected by inflammatory skin conditions during the COVID-19 pandemic

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Linked Article: Jakhar, Kaul and Kaur *Clin Exp Dermatol* 2020; [CED.14227]

We read with great interest the recent article by Jakhar *et al.*¹ in *Clinical and Experimental Dermatology*, which reported the measures that could be used during the COVID-19 pandemic to allow consultations. In particular, they described the growing importance that telemedicine is having during this emergency, focusing on the use of mobile technology (particularly the use of WhatsApp) as a method to communicate via text and voice messages, photos and videos, which is rapidly expanding within the field of telemedicine.¹ We report some of the best strategies and technologies we are using at our outpatient clinic (University of Naples Federico II) during the current pandemic.

Management of both acute and chronic dermatological diseases is always challenging, owing to the variable compliance of patients with the required therapies. Before the current pandemic, we carried out a study among patients with acne, showing the importance of prescribing adequate therapy and of supporting the follow-up of patients during treatment.² In this study, we followed up some patients using text messages (short message service; SMS).

In this study, 160 patients with mild, moderate and severe acne were enrolled and randomly divided into two groups: the SMS group and a control group. All patients in the SMS group received the same text message about their acne medication twice a day for 12 weeks, whereas the control group did not receive any messages. We found that compared with the control group, the SMS group, who received the daily medical support by text, had increased therapeutic adherence with better improvement in all parameters.

The need to support patients and monitor them as closely as possible has become even more important during the current quarantine period, as compliance may be reduced. We are trying to extend this protocol to a larger group of patients, who, owing to the current pandemic, are not able to continue their regular follow-up visits. By using SMS, patients who need constant support during their treatment period will be able to continue their own therapy, reducing the risk of discontinuation and consequently the risk of the negative clinical impact that could result from nonadherence to treatment.

Although reduction in face-to-face consultation is essential to reduce the risk of COVID-19 infection, dermatological services must be continued, and teledermatology may be the solution.³ The current pandemic is an emerging and rapidly evolving situation, and the use of telemedicine is growing to combat this emergency.⁴ Based on our experience, we believe that the use of telemedicine, particularly mobile telemedicine (such as WhatsApp), should be associated with support groups for patients with chronic inflammatory skin diseases, resulting in a more useful strategy to increase adherence to treatment and improve health-related quality of life, particularly in this unprecedented situation in which face-to-face visits are not possible.

However, because guidelines or official recommendations about the use and the efficacy of these new technologies are lacking, different experiences and strategies applied in different hospitals should be shared to identify a common method that works well for both patients and physicians.

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A novel clinical set-up for examining healthy dermatology outpatients during the COVID-19 pandemic

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The COVID-19 pandemic has made social distancing necessary, and as a result, daily outpatient departments (OPDs) are at a standstill because of the rules imposed by many governments to close all nonessential OPDs. Teledermatology has been advised by few authorities but it is



Figure 1 Examination of a patient's hand being conducted through a glass partition.

not always preferred, as it may lead to misdiagnosis, carries ethical and legal issues, and may not be feasible in a resource-poor setting.^{1,2} However, dermatological emergencies may still arise where it becomes imperative to see the patient personally.

To overcome this problem, we propose the use of a glass cabin or a glass partition between the doctor and the patient, through which interaction can take place. The glass partition allows visual examination of the patient's skin directly or with the help of a magnifying lens, and even the use of a dermatoscope is possible through the glass (Fig. 1). A two-way audio communication system can be used for conversing. The cabin could also contain a source of illumination for better visualization. This setup protects both the doctor and the patient from any communicable disease, and may ease disease phobia. Using this method, emergency outpatient practices can largely be continued with healthy individuals even without personal protective equipment, which is currently not easily available because of an increased demand all over the world.³ Given that examination and diagnosis in Dermatology are mainly visual, it makes this setup particularly suitable for this specialty, and could also be useful for Psychiatry. This set-up could be continued for safety even after the spread of COVID-19 is controlled.

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Screen mirroring, screen casting and screen sharing during COVID-19: what dermatologists should know

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In the present COVID-19 pandemic, social distancing is an important parameter to contain the spread of this novel coronavirus. Consequently, it is important to understand the utility of technology in maintaining connectivity. The wireless connectivity of the devices (mobile phones, tablets and computers) used in daily routine life has changed the way we connect and interact with each other. The same is true in the medical field as well. The technological advancement in these devices has brought clinicians closer in ways that has reduced the need for face-to-face meetings. All this has been made possible through streaming of data. Streaming refers to a continuous flow of information in the form of visual and/or audio data, which can be shared with other people. Screen mirroring (SM), screen casting (SC) and screen sharing (SS) are some of the easy ways to share data through streaming. Utilizing technology to the advantage of medicine (and Dermatology) is an art. That said, it is important to know the basics of SM, SC and SS before understanding their utility for Dermatology.

SM, as the name suggests, allows the content of a smartphone or tablet to be projected on to a computer, TV screen or projector. During SM, the screen of the phone (with a picture, video, document or presentation) is continuously shared with the receiving device. To do this, SM requires software running both on the device sending the content and on the device receiving the content. Specific applications (Mirroring360, ApowerMirror, TeamViewer, Miracast, among others)