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Comparative Healthcare: Dermatology

China

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Review

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Abstract

The skin is the largest organ of the body and dermatological problems are among the more common ailments to aflict mankind. The care of patients with skin compalints are an excellent backdrop in which to compare medicine as practiced in China with what is available to Australias. The approach to most conditions is very similar whether you live in Beijing or Hobart. However there are also marked differences, in China acupuncture, herbal medicine and therapeutic massage are integral parts of everyday medical practice, and are promoted by the government. Dermatology is an area where a traditional herbalist would attract as many patients as an orthodox dermatologist. For me there are some marked differences in the way care is organised as is demonstrated in the management of the patient with chronic leg ulcers. The authors state that such patients are more likely to be referred to a dermatologist in China because general practice has yet to establish itself fully as a specialty. On the other hand in Australia such patients are much more likely to be managed almost exclusively in primary care with the support of the community nursing services. Indeed as the Australian author states the wait for a routine appointment with a dermatologist may be several months. It is also intriguing to read about Formula A101 an herbal lotion being promoted in China as a treatment for a variety of dermatological and other ailments. As with previous articles in this series the views expressed are those of the authors and do not necessarily represent the views of the AMJ or any other official body.

Background

China

China is a country with total population of 1,304 million, practicing 7 major dialects and 80 spoken languages. Majority of the Chinese are Han (93%) and the rest belong to the 55 officially recognized Ethnic Minorities**,** all of which have their own lifestyles**.** The rapid economic development of China in the last two decades has greatly improved the livelihood of an average Chinese. The benefit can be felt no better than in the cities where a 'middle class' is emerging, together with a class of super-riches. The increases in disposable wealth have influenced the health care industry to grow in a more capitalistic direction. There are now American run private hospitals employing expatriate doctors and many local hospitals have separate 'VIP' consulting suites. Doctors are more interested in cutting edge medical technologies that give them better financial returns. In response to this drift the Chinese government overhauled its health and social security system in its latest health reform early this year (2009). The key messages are health care system will be mainly publicly funded and will operate on a non-profit making basis. New policies are brought in to improve accessibility and affordability. Accessibility is improved by shifting the provision of health care from hospital based to community (primary care) based. The previously neglected specialty of General Practice is now being invigorated. Health care cost will be largely covered by different government health insurance plans and the amount of subsidy will be weighted towards the under-privileged. China has its own experienced based medical theories and treatment methods. The use of acupuncture, herbal medicine and therapeutic massage are integral parts of everyday medical practice, and are promoted by the government. Dermatology is an area where a traditional herbalist would attract as many patients as an orthodox dermatologist.

Australia

Australia has one of the best health systems in the world, Australia, a country of some 21 million people, finds itself in the midst of some of the most energetic primary care

reforms for many decades. Australia's 23,000 general practitioners, whose work has been at the core of a fragmented state/federal bureaucracy, look on as the federal health department positions nurse practitioners to offer more primary care services. For many GPs who see their highly developed skills as better used in complex care for sick patients, with the burden of increasing preventative health measures and screening ideally suited to skilled nurses functioning as part of a team, there is perhaps reason to be quietly excited. GPs in Australia have traditionally been the gatekeepers for access to specialist services. Referral patterns vary, with many GPs having advanced skills in areas such as dermatology. Australia currently has one dermatologist for about 58,000 people, and waits of up to 12 months to see a dermatologist in the public system are not uncommon.

A 4 year old boy presents for the third time this year with a typical eczematous rash around his ankles, knees, elbows and face. His growth and development are satisfactory and he is otherwise well. His parents are concerned that his sleep is disturbed by the rash which is now bleeding and very itchy at night. What is your approach to this case?

After excluding secondary infection, the focus of the management will be to alleviate the symptom of itch. The child's medication and their usage will be reviewed. Consider adding a sedative antihistamine at night, and to encourage more liberal use of emollients, possibly with help of occlusive bandage, to reduce dryness of the skin. Explain to parents more emollients mean lesser need for steroids. A trial of topical tacrolimus or short course of stronger topical steroid (may have parental resistance) may be considered. Advise the parent to turn the heating down and use air humidifier (Beijing winter is very dry). Frequent washing of bed linen may be a more practical way to control house dust mite than buying a high filtration vacuum cleaner for ordinary families in China. Allergy test can only be performed at specialised centres, and that means long queuing time for parents. Direct referral system is not common in China yet. There are many folklore dietary opinions for disease management in China, and it is useful to rationalise and streamline them with the parents. We found it is as important to reduce parental anxiety as to alleviate the symptoms.

We would not recommend Chinese herbal medicine for a child of this age because the compliance for oral preparation will be low (due to foul taste of the decoction). Topical herbal medicine cream may itself cause an allergy, and can complicate the picture.

Exacerbating factors should be identified and addressed. These might include

-infection
-allergens (atopy?)
-scratch/itch cycle

- irritants eg woollen blankets, soap
- over bathing (nightly hot baths are very common in Australia for young children)

Infection, if present should be treated. Topical steroid cream or ointment (medium potency) would be recommended, under occlusive dressings, moist dressings or kitchen plastic wrap (e.g. Gladwrap) twice or three times daily. If night time itching is problematic, occlusive dressings can be placed over main areas overnight. Sedating antihistamines are occasionally used for limited periods.

The aim of treatment is to control a flare up and then pursue aggressive prevention, with allergen /irritant avoidance and attention to frequent moisturising. Education would be undertaken that would ideally involve both parents. The importance of regular review should be stressed. If the above is not proving successful, referral to a dermatologist may be needed.

A 16 year old girl has been missing time off school with recurrent bouts of psoriasis. A neighbour has told the parents the girl could be cured. His parents are concerned that their child is being stigmatised by her condition and have tried various remedies offered by friends and family. The child has widespread plaque psoriasis looks pale and tired. How would you manage this case in your practice?

This girl will be managed as an inpatient on the dermatology ward. The purpose is to bring the skin condition under control as quickly as possible with the use of agents such as steroids, calcipotriol and light therapy. Systemic symptoms of pale and tiredness can also be investigated. She will also be taught how to continue the use of different creams after discharge. There are many advertisements in the media about "wonder cures" for psoriasis, and these have raised the expectation of many patients. Part of the management will be to explain the relapsing nature of the illness and the importance of trigger factors such as stress and alcohol. Regular follow up is essential to reinforce the message, review medication and to monitor for psoriatic arthropathy.

Arrange to talk to the girl alone, explore her understanding of her condition. Take a comprehensive history using a biopsychosocial model, identify exacerbating factors e.g. stress Check iron and Vitamin D levels. Identify impact(s) of the condition on the girl e.g. social isolation, anxiety, depression. Offer treatment choices e.g. topical steroid, tar based treatments (unlikely to appeal) Daivonex (Calcipitriol) Offer referral to a dermatologist, who may consider PUVA Offer support to the end of allowing this girl take control of

her own health care. Explore ways to maximise her schooling in spite of the condition

A 65 year old man has large recurrent ulcers on his ankles. What investigations and treatment would you advocate in your practice?

The most common conditions at this age group would be venous ulcers. Since General Practice is still at an early stage of development in China management of all chronic ulcers is not within its remit yet. For this reason this patient would be referred to a dermatologist. The role of a GP here will be to screen and to monitor any underlying causes such as varicose vein, diabetes and anaemia. Chinese herbal medicine plays an important role in this area in China and is often used together with compression bandaging. There were trials that showed Chinese herbal medicine can promote granulation tissue formation.

A full medical history and work up would be conducted to ascetain aetiology of the ulcers and associated factors.

(Possible aetiological factors might be

- venous insufficency
- arterial insuficiency
- mixed arterial /venous insuficiency
- diabetes
- repeated trauma/falls
- nutritional defecits/excess alcohol intake
- self neglect/early onset dementia
- psychiatric illness)

Investigations would include
-blood glucose level
-Ankle brachial index (ABI) (both done at practice)
-full liver/renal/haematological profile and ESR/fasting glucose/lupids

- if warranted, duplex ultrasound of leg vessels
- biopsy would be undertaken if any suspicion of neoplastic/inflammatory ulceration

Treatment would depend on aetiology.If this is straightforward venous disease, 3 or 4 layer compresssion banadaging over hydrating occlusive dressing is favoured.

Any infection present would be treated with oral antibiotics (topical not widely used). Any other factors identified would be addressed. The man would be advised to elevate the limb as much as possible. Commnity nursing service could be organised to review the dressings. Referral to a specialised wound clinic might be necessary if there are difficulties with choice of dressing or compliance with compression bandaging. These clinics are generally run from public hospitals. Cost of dressings can be a significant impost if means are limited.

A 35 year old woman presents with a symptomatic dark pigmented lesion on her arm. The lesion present six months ago and now has the characteristics of a malignant melanoma. How would you arrange further care for this patient in your practice?

This patient will be referred immediately to a dermatologist for histological confirmation, and for wide excision if indicated. Some primary care centres have links with local hospitals and the referral process could be as simple as handing a referral note to the patient. Otherwise, a patient would need to queue, sometimes for several hours, in order to be seen by a specialist. Appointment system is under trial at the moment in Beijing. Sun sensitive malignant melanoma is less common among Chinese. As well as due to the protection of natural pigmentation, Chinese people are less sun lovers than Caucasians. Paler skin is also more desirable among younger girls. A different subtype of melanoma, acral lentiginous melanoma, is more common among Asians in general. It normally presents later in life and is found in the sole, palm and nail fold.

This lady would be offered urgent referral to a surgeon who has specialisation in managament of skin cancers. Biopsy might be indertaken to expedite specialist appointment.
The appointment with the surgeon would be made for her at the time of the consultation, and phone contact made with the surgeon's receptionist so that the GP could be informed if she missed her appointment. A full skin check would be conducted, looking for other sinister lesions, and she would be advised to ask first degree relatives to have a full skin check. Advice re sun protection, balanced with awarenes of Vitamin D requirements, would also be given.

A 23 year old lady presents with alopecia areata. She is very upset about the impact on her appearance. What treatment or support is available in your practice?

In the primary care setting we can offer the patient trial of topical corticosteroid and counselling. Minoxidil and intradermal corticosteroid are normally prescribed by hospital specialists. Doctors within the practice normally provide the counselling, as trained counsellors are not included as members of the primary team yet. There are also Chinese medicine methods such as acupuncture and herbal medicine that are being used to treat alopecia. Formula A101 is an herbal lotion that was based on a secretive family recipe that has attained commercial success with outlet stores nationwide. A few private hospitals even integrated allopathic and Chinese methods, and together with hair transplants offer their clients a one-stop treatment centre.

This young lady would be offered information about the condition, and an opportunity to ask questions, if possible on more than one visit. Screening for symptoms of associated anxiety or depression would be undertaken.
Advice re more information/support, e.g. the Alopecia Areata Support Association would be provided. Depending on the severity of the presentation, various therapies might be offered, e.g., topical Minoxidil or corticosteroid. Referral to a dermatologist may be requested or required for further treatment options, e.g., intra lesional injection of steroid.

PEER REVIEW
Commissioned; not externally peer reviewed

CONFLICTS OF INTEREST
None