While diagnosis of common dermatoses is often relatively straightforward, tailoring a treatment regimen to the individual patient is always a challenge. Numerous factors, from natural disease progression to patient behavior, can impact the efficacy of therapy. If patients don’t use a therapy or don’t use it properly, skin clearance will develop slowly if at all. Thankfully, the dermatology specialty has a number of treatment options available—from over-the-counter interventions to prescription agents in a range of vehicle formulations—that we can mix and match in order to optimize therapy. Below, I’ll discuss a number of relatively new formulations that are fast becoming standard therapies in my practice along with therapeutic pearls that enhance patient convenience, boost compliance, and promote better treatment outcomes.

Simplify Psoriasis Therapy
The new two-in-one formulation of betametha-

Topical Treatment Pearls You Can Use Now
From overlooked therapies to innovative applications, here are tips to improve treatment outcomes and patient compliance.

By Coyle S. Connolly, DO

From Caregiver to Shareholder: Can You Buy In?
Numerous compensation schemes exist for medical care providers. Some physicians and mid-level providers are salaried employees, others independent contractors, still others hold stock in the practice or professional corporation for which they work. For many Physician Assistants, ownership in the practice would represent an attractive opportunity. State law may influence whether or not a PA may be a shareholder in a professional medical corporation.

According to the American Academy of Physician Assistants’ website (aapa.org), only Illinois and Tennessee restrict non-physicians from owning shares in a professional corporation, while the laws in Texas are written so that a PA may not be a shareholder along with a physician in a group. In California, AAPA reports, a PA may own only up to 49 percent of shares in a professional medical corporation. In Michigan, since PAs

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For children and adults, Cloderm® is the mid-potency topical steroid with proven safety in extensive clinical trials.

- Uniquely formulated to be selectively absorbed where it’s needed
- Designed to minimize the likelihood of local and systemic side effects
- Proven efficacy as early as Day 4
- The most common adverse events with Cloderm include dryness, irritation, folliculitis, acneiform eruptions, and burning. Cloderm is contraindicated in patients who are hypersensitive to any of the ingredients of this product. As with all topical corticosteroids, systemic absorption can produce reversible HPA-axis suppression. Please see full prescribing information on reverse side of page.


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A child being treated in the diaper area, as well as under any tight-fitting diapers or plastic pants, should not be wrapped or covered as to be in sufficient amounts to produce systemic effects (see PRECAUTIONS).

The following local adverse reactions are reported with topical corticosteroids (see ADVERSE REACTIONS):

- Miliaria
- Irritation
- Folliculitis
- Dryness
- Hypertrichosis
- Hyperpigmentation
- Hypopigmentation
- Excessive hair growth
- Sensitization

DOSAGE AND ADMINISTRATION:

- Apply Cloderm Cream 0.1% (Cream) (see CLINICAL PHARMACOLOGY) to the affected areas three times a day or as directed by the physician.
- Chlorpromazine plating 0.1% is only effective on the affected areas three times a day or as directed by the physician.

Tell Us What You Think

Dear Reader:

Sharing treatment pearls is a time-honored tradition in medical practice, especially in dermatology. Although drug development has ramped up in the last few years, the specialty long suffered from a paucity of new drugs in development. Specialists became adept at utilizing available therapies in innovative ways and improvising application tactics to enhance efficacy and improve compliance. The relatively recent emergence of many new and effective therapies only increases the opportunities for medical professionals in dermatology to identify creative approaches to disease management.

In this spirit, I share some topical treatment pearls in this issue of Derm Perspectives. Some of the ideas may not strike you as entirely new, but successful patient management rarely requires clinicians to "recreate the wheel," rather, we often need to simply "think outside the box." Keys to success are a firm basis in science and best practice guidelines as well as a sense of adaptability.

Adaptability certainly is a hallmark of dermatology and, in fact, the specialty continues to adapt to ongoing changes in managed care, demand for cosmetic services, and other socio-economic issues. Physician Assistants play a critical role in helping the specialty adapt and advance. I commend PAs on their dedication to dermatology, and I commend Coria Laboratories for recognizing the important contributions of PAs and for encouraging their success through support of this publication.

As always, I wish you continued success and welcome your comments about Derm Perspectives.

Best wishes,
Coyle S. Connolly, DO
Medical Editor
I

n the 10 years I’ve practiced medicine, I’ve had the great opportunity to work with a lot of different medical professionals. Some were outstanding clinicians who could instantly integrate the most complicated sign/symptom complex into a diagnosis and treatment plan. I’ve worked with others that didn’t have the same clinical acumen but were incredible communicators and leaders. I’ve been around some that let their practice become their entire life, resulting in the neglect of their health, family, friends, and hobbies. And I’ve seen a few that were clearly using medicine as a “means to an end” for the pursuit of wealth, status, or ego enhancement.

It has caused me to ponder on many occasions: What exactly makes a great clinician? Is it all based on clinical education and training? Is it a specific personality trait? Is excellence limited to those who were “called” to practice medicine? Are you genetically predisposed for greatness, or is it something to be sought after and acquired? While it may be a combination of these, I believe that excellence in medicine is something that can be achieved by anyone that truly desires it. In the following paragraphs let’s look at some attributes that can take you to a higher plane of practice.

Intellectual Curiosity

Medicine attracts individuals with a natural thirst for knowledge. Some are able to quench their thirst in PA school, while others continue to drink from the well at annual CME conferences, and still others desire and pursue knowledge their entire professional lives. Dermatology is an incredibly broad and deep medical specialty, with a complexity that is seldom appreciated by those outside of it. Elements of our specialty touch several others, including rheumatology, psychiatry, endocrinology, infectious disease, oncology, and more. Dermatology is also a tremendous source of ambiguity; there is an awful lot that we simply don’t understand yet. When you consider everything there is to know and everything that is still unknown, it can be overwhelming and daunting. Where do I start? How do I acquire enough knowledge to see patients confidently? What should I focus on first, and then next? I’m sure we all had these questions when we started in derm, and as the old saying goes, “if you don’t know where you’re headed, almost any road will get you there.” But, we all know that knowledge is not a destination or an end point. It’s an endless and timeless pursuit. You have to stay hungry and you must stay curious. It’s important to take advantage of educational opportunities that come your way, and there are a growing number to choose from. Start a regular program of derm reading and self-study. Research and write an article on a difficult disease process. Prepare and deliver a lecture to a group of peers. Or, for the ultimate learning experience, take on a student that has a natural intellectual curiosity!
Open Mindedness
With enough practice and experience, almost any task or endeavor can be accomplished with confidence. Remember when you got your driver’s license? At first you were cautious, looking both ways several times before entering an intersection, coming to a complete stop at stop signs, and cautiously parallel parking in tight spaces. After a couple of years, driving becomes second nature and you get more confident but also more careless. You start eating lunch, talking on your phone, and driving—all at the same time! This is the point where you become dangerous, not just to yourself but to everyone around you.

The same is true in medicine. After a few years you’ve seen your share of acne, warts, eczema, skin cancers, and other common maladies. You have a good feel for the treatment options, second line therapies, and adjunctive measures for most things that you routinely see in short, you get set in your ways and come to think of your way as the absolute best. This is especially true if you don’t keep current with your medical education and “practice in a vacuum.” It pays to have an open mind in medicine and to stay humble. Be open to new ideas, new treatments, new protocols, and new ways of looking at old problems. This is what keeps life interesting, exciting, and more fulfilling in medicine.

Focus on Detail
When I was in the military we were constantly told to “pay attention to the details.” Whether you’re flying an F-16, driving an M1 Abrams tank, or launching a missile from a nuclear sub, there are myriad details. That’s why the military loves checklists, manuals, regulations, operation orders and other lists of instructions. When lives are at stake, details simply can’t be overlooked. The same is obviously true in medicine and dermatology. You have to stay focused on the small stuff so you don’t miss something big!

When you’re doing a biopsy, take time to measure and meticulously document the location, making the site much easier to find when it comes time for treatment. When you’re examining a patient with a rash, it just makes sense to examine the entire integument, including the hair, nails, and oral cavity. Your pathology log book is another great place to show attention to detail. Rigorously document and conduct audits with an eye for missed treatments or outstanding reports. It’s every clinician’s nightmare to have a cancer go untreated because the path log wasn’t audited. These are but a few examples of where attention to detail can make a big difference.

Listening/Communication Skills
We tend to think of dermatology as a visual science, where diagnoses are established primarily on physical exam. It becomes almost second nature to “look first, listen second.” But, every once in a while, a patient gives you a tiny pearl of history that clinches a diagnosis. Moreover, patients will frequently give you insight into the provocative or palliative factors for their condition, leading you to a more effective treatment plan. If you don’t take time to hear the story and ask problem-focused questions, you’re unlikely to provide the best care. How many of us have quickly evaluated a new patient and swiftly written a script for a seemingly simple problem, only to have the patient tell us that they already tried that medication and it didn’t work for them? It’s frustrating, but taking time to get the full story might avoid some of these frustrating moments.

Dermatology is typically a high volume specialty where it’s not uncommon to see 40 patients in a day. It can be stressful and fatiguing to see this many people, especially when you get behind with a difficult case or procedure. However, when you feel the most rushed is when you should really try and take some additional time. You just never know when someone is going to “give” you the diagnosis that could change their life.

Leadership
John Maxwell, the famous author, describes leadership simply in one word: influence.

Whether you’re a physician, medical assistant, office manager, or PA, you are also a leader within your office, because we are consciously and unconsciously influencing each other all the time. Some cast a negative influence, and others consistently and effectively provide a positive influence. You don’t have to own the practice or pay the bills to be a leader within your office. We’ve all seen situations where a more junior level member is the true leader within the organization. He or she knows the others’ strengths and weaknesses, communication habits, leadership styles, ambitions, and fears. He or she knows how to blend the organization’s personnel into a group that maximizes strengths and compensates for weaknesses.

Opportunities for positive influence in an office environment are everywhere, but I’ve found the most powerful leadership force to be ‘setting the example.’ Not only is it hypocritical to ask one thing of your co-workers without doing it yourself, it’s just never going to result in a lasting change. Whether you realize it or not, the people around you are watching all the time. They notice if you are perpetually late, don’t stay on top of charting, leave messages unanswered, or wear the same lab coat for weeks on end. Not only do they notice your behaviors, they will also mimic them and make them part of their own persona. If you really want to effect a positive change in your organization you have to set the tone for this change and then lead with your own example. It sounds simple, but it requires a lot of reflection, honest feedback from colleagues, commitment, and, more than anything else, consistency.

Balance
I absolutely love dermatology. I like to think about derm. I like to see derm patients. I like to read about derm, and I like to write about derm subjects. I’m really lucky to have found dermatology, because there isn’t another specialty that gives me as much pleasure and gratification. I also really love church, family, friends, and sports. I like to attend high school football games, and I like to watch my daughter play soccer. When you enjoy so many diverse things, it’s easy to let one area start to dominate the others. Especially when things are going poorly in one area of life, you start to compensate by spending more time and energy in areas where you feel a greater sense of control. If things aren’t going well at home, people will frequently turn to work as a form of therapy. This is especially true in medicine, because there is always so much more that can be done. For many, work becomes the crutch, the mistress, and the friend.

This is an area that I struggle with every day. Am I spending enough quality time with my children? Am I really listening to my wife, or am I asking her the same questions over and over? Do I spend enough time building and nurturing my friendships with people outside of my profession? When was the last time I went to the gym, or for a walk, or just sat down and relaxed for more than a few minutes? It pays huge dividends to make the effort to inventory your life, prioritize your activities, and set limits on how you spend your time. The penalties for leading an unbalanced life are numerous and devastating to your physical and emotional health.

Achieving Greatness
I think we all have the capacity to achieve greatness in the practice of dermatology, and we certainly have a lot of “tools” at our disposal to help us succeed. The ones discussed above are but a few of the many intangible attributes that separate great from good practitioners. It really pays to take the time to inventory your toolbox, pursue the tools you don’t possess, sharpen the ones you haven’t used in a while, and discard the ones that are broken or unnecessary.
sone and calcipotriene, Taclonex (Warner-Chilcott) is a once-daily therapy with obvious potential benefit in terms of enhanced patient convenience and possibly compliance. I typically advise patients to apply the ointment each evening. (Note that “evening” is not necessarily “bedtime,” though so many clinicians think in terms of morning and bedtime application. Patients can prolong application times by several hours if they are willing to apply medications as soon as they get home from work or school rather than just before retiring each night.) Although it is very effective, some patients still need a therapeutic “boost,” at which point I advise occlusion. Instruct patients to occlude the treatment area with Saran-Wrap every other night for about two weeks.

The addition of Salicylic acid 6%, Coria Laboratories) to the regimen each morning can also enhance outcomes by helping to reduce scale and diminish plaques.

Rethink Onychomycosis Therapy

Patients who present with onychomycosis—some of whom report a history of yellowing of the nails for several years—sometimes simply want the clinician to make a definitive diagnosis but do not necessarily desire treatment. Always take time to discuss the diagnosis and the various treatment options—risks and benefits—in order to properly educate the patient and to assess his or her desires. Some patients have already done research and subsequently have concerns about systemic therapy. On the other hand, I have not found topical onychomycosis therapies terribly effective overall. If a patient simply has some yellow discoloration, is otherwise healthy, and not terribly bothered by onychomycosis (many women paint their nails for camouflage), then I generally assure them that treatment is not necessary. I instruct them to monitor their nails and prophylactically apply topical antifungal gel, such as Loprox (Ciclopirox, Medicis), to the toeweds and feet on a regular basis to prevent progression of the infection to toenail pedis or to other body sites.

For patients who elect systemic therapy, my drug of choice is terbinafine (Lamisil, Novartis). The PI recommends liver function and blood screenings at baseline and six weeks, however, I generally order them at baseline and two weeks. Though lab anomalies are rare, any elevations in liver enzymes or changes in white blood cell count will be evident by two weeks, thus allowing the clinician to limit the patient’s exposure to the drug. I do not repeat labs unless the patient reports symptoms of liver function abnormalities, such as jaundice or lethargy.

Cut Costs in AD Therapy

One of the most cost-effective interventions for atopic dermatitis is trimicolonolone 0.1% compounded in a one-to-one ratio with Cera-Ve (Cora Laboratories) cream. I often prescribe this pharmacy compound when the patient’s insurance will not cover alternative corticosteroid formulations or if the co-pay is financially burdensome for the patient. I have found Cera-Ve to be an excellent moisturizer that is very suitable for compounding. This intervention is useful for management of psoriasis and other corticosteroid-responsive dermatoses, as well.

Regardless of the initial intervention used, Mymix (Stiefel) is a good choice for maintenance of clearance of AD. In many cases, I advise patients to begin applying Mymix with the initiation of topical drug therapy, usually applying the moisturizer each evening and medications each morning. Because Mymix is a prescription agent, insurance issues and financial concerns occasionally impact the feasibility of using the agent. Non-prescription Cera-Ve cream is a worthwhile alternative.

Hit Hyperpigmentation Harder

Tri-Luma (Galterderma) conveniently provides patients the triple benefit of hydroquinone, tretinoin, and fluorocinolone in a single formulation. The synergistic effect of these agents allows speedier clearance than any agent alone, while the retinoid helps improve skin texture and provide skin thickening that counters potential thinning from the corticosteroid. However, some cases of dyspigmentation require a stronger intervention, in which case, I order a pharmacy compound of hydroquinone 8% with various strengths of tretinoin, depending on the patient’s skin type and anticipated tolerance. Due to the high potency of hydroquinone 8% patients require clear direction on when and how to use the agent and for what duration. Regularly scheduled follow-ups at two-to-four week intervals permit the clinician to monitor progress and taper the agent as appropriate.

Offer Spot-on Acne Therapy

Still relatively new to the market, clin-damycin 1% foam (Evoclin, Connetics) continues to become a first-line option in my practice to treat acne on the back and chest. The foam offers spreadability and ease of use; this convenience presumably increases compliance. Foams also tend to be a better option than creams or lotions for hair-bearing areas. I advise patients to apply the foam twice a day to affected areas.

A new micro-sponge formulation of benzoyl peroxide is another versatile addition to our armamentarium. NeoBenz Micro (benzoyl peroxide, SkinMedica), available in 3.5%, 5.5%, and 8.5% concentrations, is formulated with microspheres intended to allow slow delivery of the active agent with less associated irritation. The availability of several concentrations permits flexibility in establishing regimens. Most of my patients use the 5.5% formulation, though I may choose 3.5% for those with very sensitive skin.

One presentation for which NeoBenz Micro has been especially useful is for spot-treatment of acne flares, such as in a woman with perimenstrual flares. I instruct patients to apply the agent as needed to affected areas to diminish inflammation and hasten clearance. A benefit of benzoyl peroxide is that there is no risk of bacterial resistance associated with therapy.

Teach Patients “How” to Wash

Many clinicians now make a point to advise patients against using soap on the face or other “sensitive skin” areas and recommend soap-free moisturizing cleansers, of which there are now many options. However, product selection is just the first step. The unfortunate truth is patients don’t know “how” to wash appropriately. They may use abrasive washcloths or loofahs on the face, may vigorously dry the skin after washing, or swipe their faces with rough paper towels or other wipes to “cut the oil.”

Update on Systemic Acne Therapy

Despite this article’s focus on topical interventions, systemic acne therapy warrants mention. Recently approved extended-release Solodyn (Medicis) uses low-dose minocycline to provide direct antimicrobial effects against P. acnes as well as anti-inflammatory effects. It is specifically indicated for management of Inflammatory lesions of non-nodular moderate to severe acne vulgaris in patients 12 years of age and older.

The recommended once-daily dose of Solodyn is 1mg/kg/day, with tablets available in 45mg, 90mg, and 135mg doses. By permitting use of low doses, Solodyn potentially limits the risks of vestibular side-effects associated with minocycline. The company reports no significant CNS side effects among patients in clinical trials.

Alternatively, I commonly prescribe delayed-release doxycycline (Doryx, Warner-Chilcott) for acne patients. The enteric-coated pellets obviate concerns of stomach upset. The delayed-release pellets are not associated with significant CNS side-effects. Standard therapy is 75mg BID. In patients with minimal or no response, the dose is increased to 100mg BID.
Pediatric History: Easy Ways to Establish Rapport

Q uestioning parents about a child’s medical history can be tricky. Parents may fear you will be critical of the care they’ve provided and may feel that questions place blame rather than simply solicit needed information. How you introduce and formulate questions makes a difference.

“Be supportive and empathetic rather than judgmental or critical,” says pediatric dermatologist Alanna F. Bree, MD. For example, instead of questioning whether the parent of a child with diaper dermatitis changes the child’s diaper “often enough,” simply ask them to estimate how often they change the child’s diaper. In the same scenario, Dr. Bree says, asking “What have you been putting on this?” may appear disapproving. Instead, she suggests acknowledging that the concerned parent has likely been trying several topicals, or out of concern not tried anything aside from what the doctor has recommended. Use this approach to solicit the information you want. Ask what they used specifically, so that you can narrow down the best options to try now.

To help direct the encounter and ensure that parents’ concerns are met without over-extending the visit, include a direct question on the intake form, Dr. Bree advises. Sample verbiage may be: What issues for your child would you like to address with the doctor today?

As children age, question them directly, as appropriate. Teens respond favorably to questions about them as individuals and not just the problem at hand. Informally chatting at the start of the interview opens them up, Dr. Bree says.

Finally, if you wish to address a sensitive issue with a young patient, take advantage of one-on-one time as you escort the child to the scale in a private area of the clinic, Dr. Bree suggests. When dealing with sensitive issues related to adolescents, simply inform parents that it is your policy to speak privately with the patient. Dr. Bree says. Invite the parent to wait in the reception area, and assure them that you will come get them once you and the patient have spoken.

Take just a few minutes to advise patients not to use any implements to wash their face. They should instead use their fingertips and warm—not hot—water to gently massage the face. After rinsing, they should gently pat dry prior to applying medication, sunscreen, and/or makeup. Of course, they require advice on selection of these latter skin care products, as well.

Involv e an Aesthetician

Beyond topical medications, certain other interventions can prove useful for patients with acne, including chemical peels and/or microdermabrasion. Furthermore, all acne patients, as noted above, require clear guidance on skin care product selection and use. If your practice has an aesthetician on staff, why not let her or him handle this element of patient education? Even if the patient opts against an adjunctive procedure, he or she will receive important skin care recommendations and guidance on selecting products in the local drug store as well as through the practice. Such consultations may be wise for patients with rosacea, melasma, and similar conditions.

Relieve Rosacea Redness

Standard topical medical therapy for rosacea in my practice generally includes an antimicrobial agent—either sodium sulfacetamide/sulfur or metronidazole. But to hasten redness relief, I have found Rosaliac from LaRoche-Posay very effective. Formulated for patients with sensitive skin, it contains the caffeine derivative Xanthine, which helps to reduce redness, and a very light green tint that helps diminish the appearance of redness but is not evident like a make-up concealer. It is available for dispensing and can also be found over-the-counter in a growing number of pharmacies.

Rosaliac has proven especially helpful for patients with significant background erythema and broken vessels. For interested patients, I also recommend LaRoche-Posay’s Toleraine cleanser and moisturizer, which are formulated for sensitive skin.

Wrap Up Wart Therapy

Liquid nitrogen freezing remains treatment of choice for warts. I administer two to three freeze/thaw cycles per visit and advise patients that they will need several visits (at two to five week intervals) to clear the warts. However, application of salicylic acid under occlusion between visits helps to debride tissue and may enhance efficacy of therapy. Beginning 10 days after the visit, patients may begin applying Trans-Ver-Sal (salicylic acid 15%, Doak Dermatologics) patches to the wart. Patches are available in 6mm, 12mm, and 20mm sizes. They are convenient and can even be offered through the practice dispensary.

Although the 12mm and 20mm patches can be useful, when patients have larger warts or larger areas of involvement, such as a mosaic pattern distribution, I generally recommend application of Occlusal (sali-cylic acid 17%) followed by duct tape. The tape may be easier to apply to larger treatment areas and seems to allow greater flexibility to cover the treatment area.

Relieve “Chapped” Hands

Dry, cracked hands are a common complaint, particularly with the change of seasons. The clinician should always try to identify any underlying etiology or allergy/irritant and treat accordingly. However, for many patients “chapped” hands are the result of non-specific irritation from wet work or other exposure that simply cannot be avoided. I have found Cera-Ve ointment very effective for relieving the symptoms of dry, cracked hands. Patients apply the ointment in the evening or before bed, when they are more likely to tolerate the somewhat greasy feel.

For daytime application or for dryness of other body areas, Cera-Ve lotion is a good option. Somewhat more expensive but also effective is Lipikar Baume (LaRoche-Posay), which is a cosmetically elegant fragrance-free formulation.

Recommend Rubber Spatulas

One of the least expensive, potentially most helpful tools a patient can purchase for topical drug application is a simple rubber kitchen spatula. The utensils are perfect for applying topical creams, lotions, or gels to the back or other hard-to-reach areas. The rubber paddles are soft and flexible, and patients can quickly and easily wash them between uses and dispose of them when therapy is complete. Alternatively, some personal care catalogs sell long-handled tools for applying medicines in hard-to-reach areas.
As a dermatologist, you face a new challenge with each patient. At CORIA, we understand the nature of these challenges and help you meet them. Through our commitment to quality and innovation, we develop products for conditions that affect the skin, hair, and nails of your patients. In fact, our name is inspired by the Latin word “corium,” which means true skin. This lets you know that our passion is dermatology and our focus is on making a difference in the lives of your patients.