

How Doctor's Advice is Followed by Mothers of Atopic Children

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PERSONALITY OF CLINICAL COOPERATORS

Pediatric dermatologists who examine patients and make a diagnosis for them must obtain related information from the persons who accompany them, unless the children are old enough to communicate with the doctors themselves. This is evident in view of the fact that the overwhelming majority of pediatric patients with skin complaints are infants and children (Fig. 1). When only limited information is obtainable from a patient, the pediatric dermatologist must collect as much data as possible from the surrounding persons and select them for use in examining the patient. Such data depend on the informer's personality to a great extent, so that the pediatric dermatologist needs to evaluate his/her personality in an attempt to assess the provided data accurately. Needless to say, the cooperator, who is important in the implementation of medical care, is the patient's mother in most cases. Therefore, pediatric dermatologists must always bear in mind how the mother of a child with a skin complaint will react. Such a plain fact must be emphasized, since the mother will have watched the patient's abnormality developing. Skin changes are basically different in this sense from diseases in other fields that are impossible to observe visually.

One would think that highly pertinent and useful information on the patient's condition could be obtained from his/her mother, who feels highly responsible for him/her in all aspects and continuously watches his/her abnormal condition in full detail, despite her relative inexperience in medical care. However, this is not always the case, and in fact, there are some mothers who provide very inaccurate, or practically demagogic information. For this reason, pediatric dermatologists must judge each individual mother's personality in an attempt to obtain useful information, closest to the actual condition, for use in examination and diagnosis. Mothers who create problems for the pediatric dermatologist are divisible into several types.

1. *Exaggerative type*

This most common type of mother is immediately revealed when she begins to describe the patient's chief complaints. For example, one of the routine complaints made by almost all mothers of this type is "My child has been feeling itchy, without being able to sleep at night, since his/her birth". Nevertheless, the child in front of the pediatric dermatologist may appear well, and naturally, it is necessary to determine the severity of the itching felt by the patient himself/herself. Mothers with this type of personality tend to spread exaggerated information on the results of medical examination.

2. *Traitor type*

The child of a mother of this type is usually already being treated by other physicians. If the child's condition is exacerbated, because the mother has not observed the instructions for using the prescribed ointment (e.g., apply twice a day), she tries to have the patient healed by another physician. The word "traitor" also implies another tendency: When she visits another doctor, she makes, without fail, an unfavorable reference to the details of treatment by the preceding physician. Caution is required in dealing with this type of mother, because she tends to repeat such conduct. The third type of behavior shown by this category is avoidance of active supply of information, probably because the mother intends to compare the present physician with the previous one with respect to medical ability in treatment and diagnosis.

3. *Distrustful type*

The problems posed by this type of mother are well known. In most cases, she has a very deeply rooted doubt about drugs, which escalates into distrusting the physicians who prescribe them. Steroid ointment is the drug about which the largest number of mothers are doubtful or anxious in the pediatric dermatological field in Japan. It is definitely an advantage to have a good knowledge of the possible side effects of this drug, but it is unreasonable if one is so fearful of side

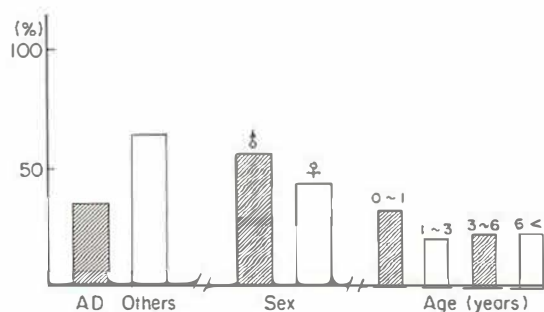


Fig. 1. Details of patients.

effects of drugs in general that she distrusts the physician who prescribes the ointment. Most mothers with such a tendency do not use, but store, the drugs prescribed by the physician and instead attempt to treat their child according to a third person's irresponsible advice. Thus the result would be that the patient follows a course unexpected for the doctor.

4. Specialist type

In our view, this is a subtype within the distrustful category. Mothers of this type feel that they are competent enough to treat their child's visible skin disease by themselves, rather than leaving the child entirely to the care of physicians who are, in their view, untrustworthy in many respects. Physicians are astonished by their capability of establishing a diagnosis in a dauntless manner without the slightest doubt and taking no notice of differential diagnoses. For example, a specialist-type mother would say conclusively with no detailed explanation or information, "My child has atopic dermatitis". Her sole purpose in bringing the child to an expert doctor is to receive a prescription. If she has to wait long for a prescription, or is received unpleasantly, she would buy drugs of her own prescription from a drugstore to treat her child. It is another characteristic of this type that she

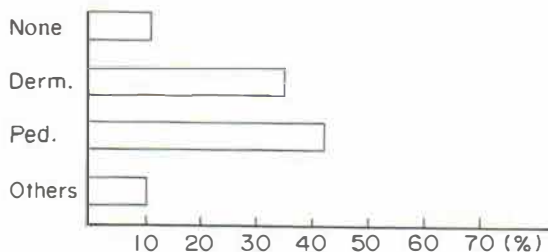


Fig. 2. Physicians who examined the patient before.

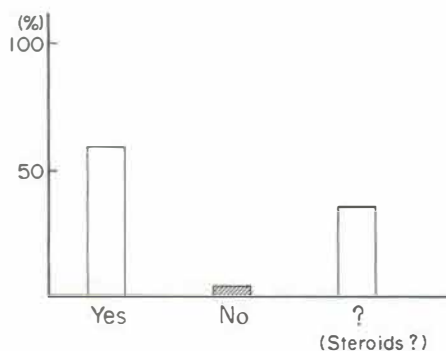


Fig. 3. History of topical steroids.

does not lose her confidence as a specialist even if the results are not favorable: she blames the drugs for aggravation of her child's condition.

There could be many other types of personality, and some mothers have more than one type. In all cases, the patient is finally treated by his/her mother. Therefore, it is indispensable in the examination and diagnosis of skin diseases in children to grasp promptly the personality of the cooperator in medical care and to come up with the best method for obtaining information from her and for ensuring that the medical instructions are thoroughly observed. Such a strategy is at a level slightly different from medical care or medicine as a science, but should always be borne in mind.

THEIR MANNER IN TREATING CHILDREN

Treatment of atopic dermatitis can become complicated for these various reasons, some medical and some related to quite different matters. These other matters become meaningful issues in routine exami-

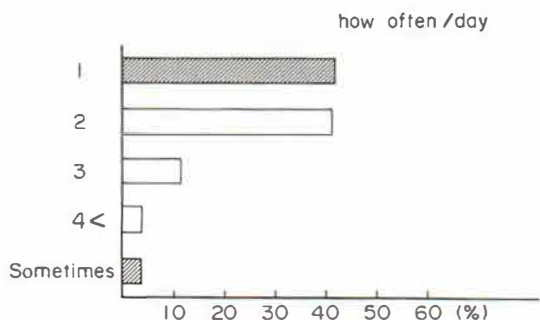


Fig. 4. How topical steroids were used.

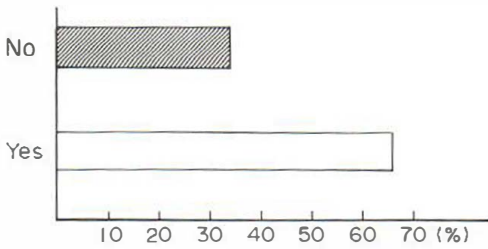


Fig. 5. Did you apply topical steroids honestly according to your doctor's advice?

nations. We analyzed some of these factors during the period between February and August 1987. Of 771 patients who were examined for the first time during that period, 274 had atopic dermatitis (Fig. 1).

Fig. 2 shows the major specialities of physicians who treated the patients before they visited our outpatient clinic. Only about one-third of the patients were examined by dermatologists, while about one-half were examined by pediatricians, obsteto-gynecologists, surgeons, and so on. This indicates that correct examination for atopic dermatitis is not always performed. Unfortunately, this is the real situation in Japan. So rather cursory treatments are sometimes given by such physicians.

External steroid preparations are used for treatment in most cases (Fig. 3), but in many cases no satisfactory guidance for effective use of these preparations is given. This has caused parents to think of atopic dermatitis as a refractory and serious disease.

When we asked mothers about their actual use of external steroid preparations on the dermal lesions of their children, interesting answers were obtained: 41% or more performed the application only once a day (Fig. 4). In treating atopic dermatitis in children, it is most unlikely that only one application will exert an effect. The resulting insufficient effect of treatment causes parents to hope that various other therapeutic procedures will be attempted for their children.

Even if external therapy exerts no effect, physicians who prescribed the external steroid preparations should have given guidelines for their use. Therefore, we asked parents if they obeyed the guidelines faithfully. One-third of them answered "No" (Fig. 5). In

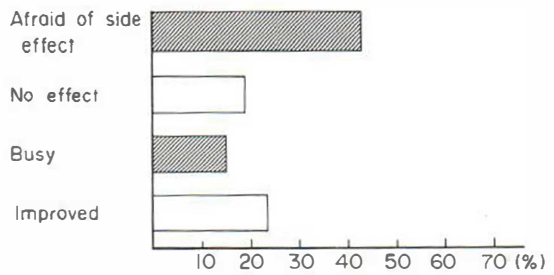


Fig. 6. Reasons not to obey doctor's advice.

other words, despite the fact that the patients' symptoms did not improve because the parents did not follow the physician's guidance, they abandoned the treatment and changed physicians. There are various reasons for this. For example, the relation between the physician and the parent may be unsatisfactory. Under the present medi-care system in Japan, it is necessary for physicians to examine as many patients as possible. It is believed that as many as 300 patients a day are examined at some private dermatological clinics. Under these conditions parents often have to carry out the treatment of their children according to their own judgment.

We asked mothers why they did not obey the physician's guidelines. Four types of answers were obtained: approximately one-half of the mothers did not cooperate because they feared the side effects of the external steroid preparations (Fig. 6). This indicates a distinct lack of explanation on the part of the physician. Reasons including ineffective treatment and relief of symptoms are recognized to reflect the fear of side effects. On the other hand, about 15% of the mothers said that they were too busy to apply the preparation. However, the mothers seemed to have enough time to apply make-up.

In treating children who suffer from atopic dermatitis, it seems necessary to urge the person who actually carries out the treatment to follow the physician's guidance. If appropriate external therapy and skin care are performed effectively after a good relationship between the patient's mother and physician is established, atopic dermatitis, particularly in children, will become a less troublesome disease.