Current Management of Hyperhidrosis: How Do NPs and PAs Perform?

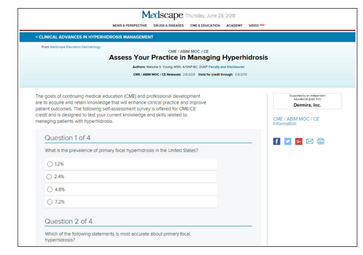
JOVANA LUBARDA, PHD; SHARI DERMER, PHD; JOHN MAEGLIN; Medscape Education, New York, NY;
MELODIE YOUNG, MSN, RN, ANP-C; Modern Dermatology, Dallas, Texas;
DAVID PARISER, MD; Professor, Department of Dermatology, Eastern Virginia Medical School, Norfolk, Virginia

INTRODUCTION

Despite the widespread prevalence of hyperhidrosis and its impact on quality of life, this condition is often managed suboptimally. The goal of this study was to assess nurse practitioners' (NPs) and physician assistants' (PAs) current knowledge, skills, competence, and practice barriers regarding treatment of hyperhidrosis to obtain a snapshot of continuing medical education (CME) needs.[1]

METHODS

- A 26-question CME clinical practice assessment survey consisting of multiple-choice knowledge- and case-based questions was made available online to NPs and PAs in the United States without monetary compensation or charge[1]
- Questions evaluated knowledge, skills, attitudes, and competence regarding hyperhidrosis prevalence, pathophysiology, disease awareness, diagnosis, and current and emerging treatments
- The survey launched on a website dedicated to continuous professional development on March 8, 2018 and data were collected until April 16, 2018
- Respondent confidentiality was maintained and responses were de-identified and aggregated prior to analyses



RESULTS

437 NPs and 105 PAs completed all questions in the survey during the study period. The key findings include (Figure 1):

- Awareness of prevalence of hyperhidrosis: 45% of NPs and 49% of PAs were aware of the prevalence of hyperhidrosis in the United States, and 45% of NPs and 44% of PAs were aware of the age groups most frequently affected by hyperhidrosis (Figure 1; Figure 2A)
- Patient communication regarding hyperhidrosis: Only 18% of NPs and 14% of PAs reported being very confident in addressing the possibility of hyperhidrosis with patients when presented with a patient case. In addition, only 25% of NPs and 32% of PAs correctly identified the frequency of patients discussing hyperhidrosis with a healthcare professional (Figure 1; Figure 2B)
- Pathophysiology of hyperhidrosis: 47% of NPs and 60% of PAs correctly identified the increased activity of sudomotor pathways originating in the central nervous system (CNS) in individuals with primary focal hyperhidrosis (Figure 1; Figure 2C)
- Diagnosis of hyperhidrosis: 40% of NPs and 51% of PAs were able to correctly identify endocrine disorders that may be associated with secondary hyperhidrosis (Figure 1; Figure 2D)
- Current management of hyperhidrosis: 71% of NPs and 73% of PAs were correctly able to identify first-line treatments for primary focal hyperhidrosis. However, when presented with a patient case scenario, only 47% of NPs, on average, and 44% of PAs, on average, were able to correctly select appropriate treatments for hyperhidrosis (Figure 1; Figure 2E)
- Emerging treatments for hyperhidrosis: 47% of NPs, on average, and 48% of PAs, on average, were aware of the clinical data on emerging treatments for hyperhidrosis (Figure 1; Figure 2F)
- The top 3 barriers reported by NPs and PAs managing hyperhidrosis were lack of time (34%; 43%), lack of safe and effective treatment (23%; 19%), and belief that hyperhidrosis is mostly cosmetic and therefore it is up to patients to bring it up with their healthcare providers (17%; 17%) (Figure 1; Figure 3)

Figure 1. NP and PA Knowledge on Key Themes in Hyperhidrosis

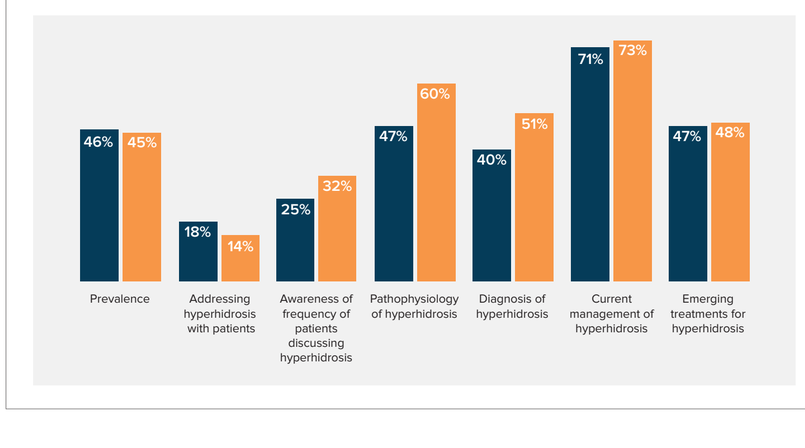
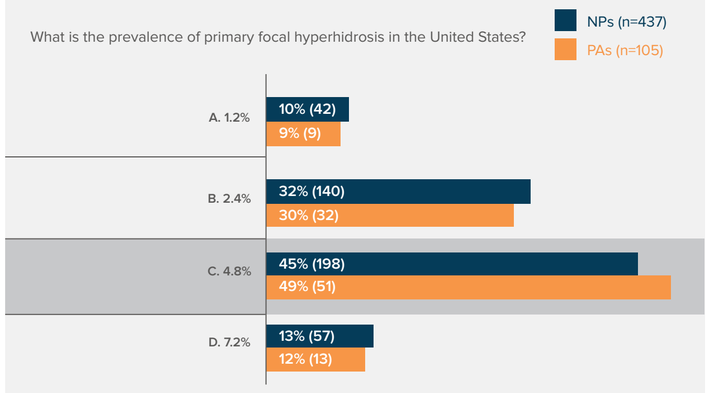
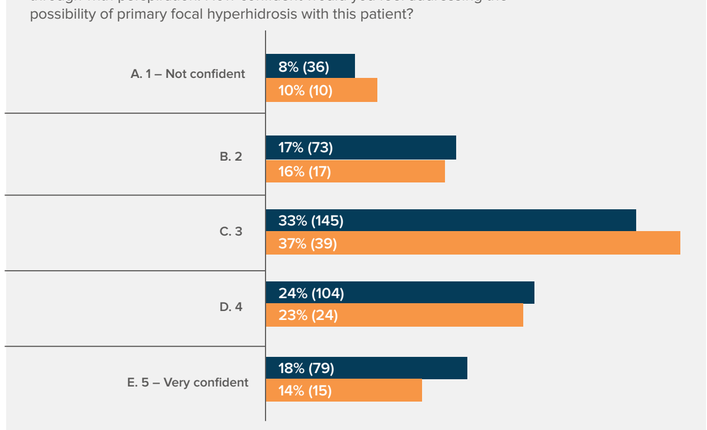


Figure 2. Representative Questions for Key Themes in Hyperhidrosis

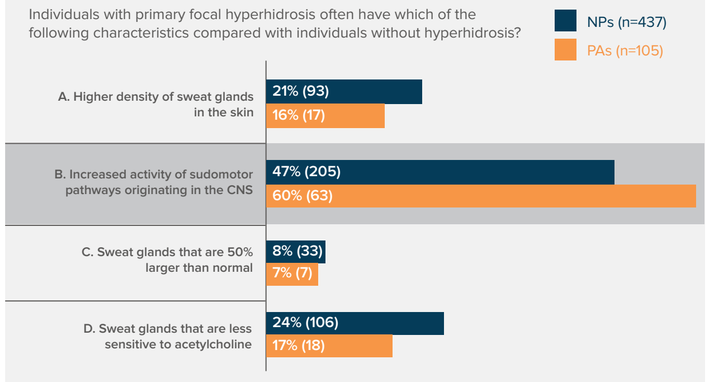
A About half of NPs and PAs were not aware of the prevalence of hyperhidrosis in the United States, and a majority of those underestimated the prevalence



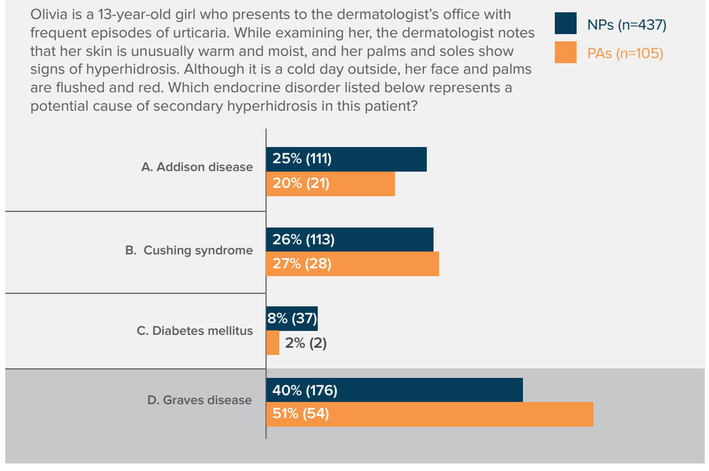
B Only 18% of NPs and 14% of PAs reported being very confident in addressing the possibility of hyperhidrosis with patients when presented with a patient case



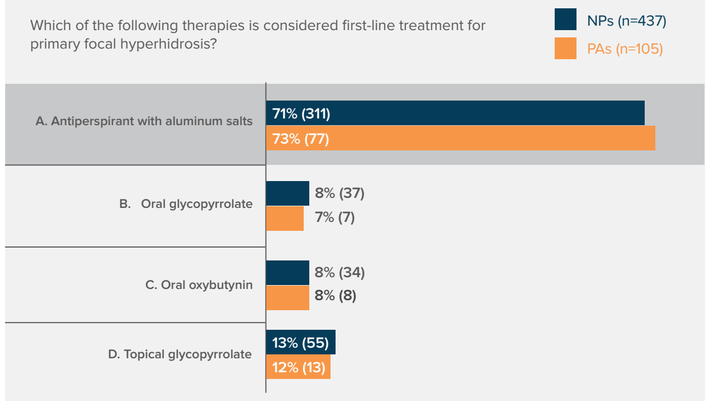
C 47% of NPs and 60% of PAs were aware of pathophysiology of hyperhidrosis



D 40% of NPs and 51% of PAs were able to correctly identify endocrine disorders that may be associated with secondary hyperhidrosis



E 71% of NPs and 73% of PAs were correctly able to identify first-line treatments for primary focal hyperhidrosis



F 47% of NPs, on average, and 48% of PAs, on average, were aware of the clinical data on emerging treatments for hyperhidrosis. Below is an example of a question on one of the investigational agents:

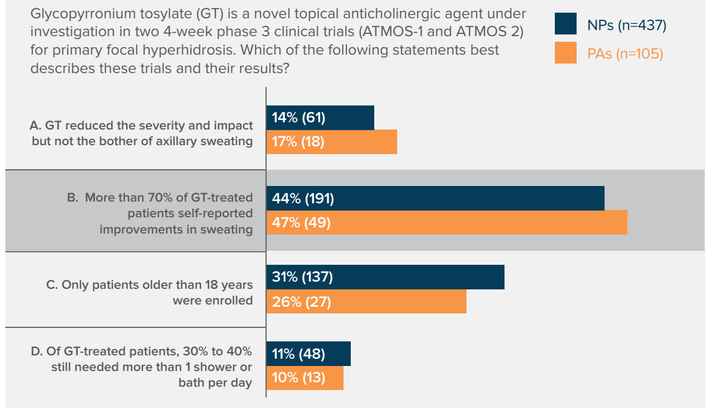
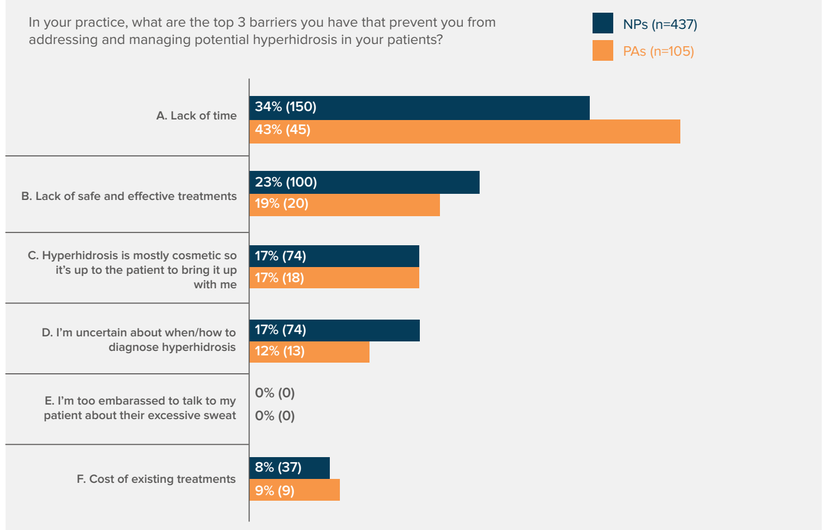


Figure 3. Barriers to Improving Outcomes in Hyperhidrosis

The top 3 barriers reported by NPs and PAs managing hyperhidrosis were lack of time (34%; 43%), lack of safe and effective treatment (23%; 19%), and belief that hyperhidrosis is mostly cosmetic and therefore it is up to patients to bring it up with their healthcare providers (17%; 17%) (Figure 1; Figure 3)



DISCUSSION

This research uncovered current clinical practice patterns and gaps in knowledge and competence regarding hyperhidrosis amongst NPs and PAs. The key gaps uncovered were awareness of prevalence and pathophysiology of hyperhidrosis, confidence in communicating with patients, competency in selecting evidence-based management approaches, and knowledge of clinical data of emerging treatments. These gaps may be used to inform future medical education needs of NPs and PAs regarding treatment of patients with hyperhidrosis.

REFERENCES

1. Young M. Assess Your Practice in Managing Hyperhidrosis. March 8, 2018. www.medscape.org/viewarticle/892127. Accessed June 24, 2018.

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For more information, contact Jovana Lubarda, PhD
Director, Educational Strategy,
Medscape, LLC,
jlubarda@medscape.net