General practitioner and skin diseases

This issue of *huisarts & praktijk* (general practitioner & practice) is not simply what it may seem to be at first sight: a postgraduate education special on skin diseases for general practitioners. This issue is double-bottomed. Certainly it focuses on the significance of skin diseases in general practice. At the same time, however, it attempts to demonstrate on the basis of a concrete subject – in this case: skin diseases – how general practitioners think and act, and which considerations play a role in this respect.
In order to succeed, this special should rise a little above its own level. In its preparation, the editorial board has tried to demonstrate and exemplify how problems are being tackled in general practice in The Netherlands. This starting-point implies that the authors contributing to this issue are without exception general practitioners, and that every effort has been made to do justice to the various patterns of thinking in Dutch general practice. These patterns may at first sight seem to show a wide diversity. But do they really? Or are the apparent differences in fact mainly variations on the same theme?

The first two contributions present quantitative data on skin diseases, obtained from the two major information systems in the field of general practice in The Netherlands: the Continuous Morbidity Registration system of the Nijmegen University Institute of General Practice, and the Monitoring Project in Rotterdam.
The Nijmegen Continuous Morbidity Registration system supplies exhaustive information on the incidence of skin diseases in four general practice populations totalling almost 12,000 patients. The pattern of skin diseases in general practice proves to be determined largely (for 90 percent) by twenty frequently encountered skin diseases, for which the general practitioner is relatively seldom forced to seek the advice of a dermatologist or surgeon. A striking finding is that most of the skin diseases seen by the general practitioner are „incidental" conditions, which is to say that they are cured within a relatively short period, and are often self-limiting.
The contribution from the Monitoring Project largely corroborates the data from Nijmegen. This contribution concerns a population of some 20,000 patients of whom twelve general practitioners take care under different working conditions. A striking finding is that the treatment of skin diseases relatively seldom consists of adopting an expectant attitude (doing nothing); symptomatic pharmacotherapy is offered relatively often. Only occasionally use is made of the diagnostic and therapeutic facilities available to the general practitioner in primary health care. Some diagnoses are a matter of some uncertainty in the initial phase. In some cases this uncertainty persists.
In view of the large numbers of data available via the Monitoring Project, it is suggested that an arbitrary separation be made between general practice skin diseases and diseases not primarily accessible to a general practitioner's specific knowledge – and this at a rate of five cases per one-thousand patients per year. Practically, this means that the average general practitioner is confronted with a general practice problem at least ten to fifteen times per year.
It is finally concluded that patients with a skin disease are not at a relatively high risk to be struggling also with a psychological or social problem or to be suffering from some chronic somatic disease. Nevertheless, 20 to 30 percent of the adult patients with a skin disease are known to their general practitioner as also coping with a psychological or social problem. Proceeding from the general practice approach, it is better in these cases to place the skin disease in a perspective which does justice to the patient's subjective perception of the problems.

Having thus quantified the significance of skin diseases in general practice, the various ways in which general practitioners discuss these problems with each other receive attention.

Impetigo was the subject tackled by a study group which adopted the method of the *Project Plan*, developed by the Netherlands Association of General Practitioners. The starting-point chosen was the structuration of generally recognizable day-to-day matters in general practice in an effort to highlight the characteristic features of the profession. There is undoubtedly some relation to audit, but there are differences as well. A project *may* lead to conclusions which in fact concern criteria that make possible. Taking impetigo as their subject, the group of general practitioners from the Amersfoort centre of the Netherlands Association of General Practitioners gave an impression of the way in which this method works in actual practice. The most surprising result of the procedure followed was that an apparently simple subject such as impetigo raises so many questions. Thinking was stimulated, and overconfident action was at least brought under discussion.
The clinical conference, as we know it from Nijmegen, adopts a different method. For some considerable time now, and with more experience, a selected group of general practitioners has been discussing both data from the literature and – sometimes quantified – general practice data in an effort to reach conclusions which may be of use also in medical education and training. Attempts are being made to achieve a compromise between two sources of information: a general practice and a specialized source. Much more than was the case in preceding reports, the Nijmegen conference on eczema demonstrates that these two sources are not always immediately reconcilable.
The Monitoring Project concerns itself with a special form of peer group audit. Van de Poel and Lamberts demonstrate the procedure on the basis of skin diseases caused by fungi. First, quantified information on the actual actions of the participants in the monitoring group is collected. This type of evaluation proceeds from the postulate that this supplies the group with sufficient information either to reach a conclusion or to indicate why a conclusion cannot be reached or is considered unnecessary.

* Translation of pages 3-5.

With regard to fungus infections, many important differences in medical action were discovered between the participants. Peer group audit in fact prompted some participants to plan a change of behaviour. This applied in particular to referral habits, diagnostic procedure, and a too-rigid therapeutic regimen. Other marked differences, however, prompted no such intentions.
Finally, Seelen and Vissers demonstrate the Maastricht „heptad" and problem orientation – the cornerstones of the group training of physicians in the Limburg didactic system – with reference to an unusual case of urticaria. The combination of serious somatic illness and recurrent urticaria is rare. These contributors therefore do not so much want to point out to the Dutch general practitioner that recurrent urticaria may be based on metastases of pulmonary carcinoma; their concern is rather to sensitize the reader to times at which problem-oriented thinking is particularly useful in his contact with patients.
A number of contributors to this issue of *huisarts & praktijk* formed an ad hoc group for discussion of several aspects of the diagnostics of skin diseases in general practice. The participants focused mainly on two subjects: the possibilities afforded by the various methods of classification, and the widely diverse aspects of diagnosis in general practice.

Five contributions were written by individual general practitioners who elucidate various aspects of the general practice approach to skin diseases.
Gill considered the cultural aspects of skin diseases. Both in the pictorial arts and in the literature suffering from skin diseases has played an important role, which proves to be much closer to thinking in general practice than may be evident at first glance.
Huygen demonstrates once again that the perspective of family medicine is essential in general practice, and that this applies to skin diseases also. It is fascinating to see how in the Azalea family the various skin diseases strike in apparent or manifest association. Huygen holds that an optimistic attitude is generally appropriate in the case of skin diseases, and that pessimistic predictions are pernicious because they may inflict iatrogenic damage and, in the upbringing of children, may lead to self-fulfilling prophesies. Only very rarely do skin diseases leave „marks" in later life. This does not eliminate the possibility of anticipation. The interesting views on the „exsudative diathesis" and the „lymphatic constitution" (which for some have passed into oblivion) can be thought provoking – at least for the general practitioner who considers the family perspective.
Sloot likewise emphasizes the subjective aspects of skin diseases in an account of his small daughter with psoriasis, and a description of the trials and tribulations of its treatment. He makes it clear once again that the patient with the skin disease is by no means always the person most affected by it, and that the responsibility for its treatment does not automatically rest with (or should be placed on) the patient.
Nolet concerns himself with the treatment of acne. He presents a classic example showing how the general practitioner, especially in the instruction of medical students, can form his own views on the subject and nevertheless deal explicitly with the subject matter that several other disciplines present in the same context. He points out that the general practitioner should have adequate basic knowledge to treat patients with acne, and that it is precisely on this basis that the special relationship between family doctor and patient can come into its own.
Finally, Gill reports on an audacious, determined attempt to cope with an esthetically serious skin disease in a young woman in whom the various specialists no longer seemed to take much professional interest. His report certainly repudiates the adagium that the general practitioner can only do something about relatively common affections.

The general practitioner has been in existence much longer than the Netherlands Association of General Practitioners. It is no exaggeration, however, to state that in the past twenty-five years the existence of the N. A. G. P. has coincided with an evident awakening of the Dutch general practitioner, which is reflected in a well-defined professional approach. Methodical working, audit, project plan and problem orientation – they are all branches of the same trunk: well-defined, recognizable, reproducible, effective general practice.

Dr. H. Lamberts

Verantwoording

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