

Health Education for Psoriasis

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Psoriasis is a complex skin disease, which, on a high frequency, imposes high levels of distress on people. Management of distress is important for psoriasis. Oral and Systemic Health is a new interdisciplinary field of knowledge organized from a Meta-Analysis entitled "Protocol: Complementary Therapies for Psoriasis in Chronic Plaque" [1]. The SOSBE protocol -Oral and Systemic Evidence-Based Health protocol is one of its implications for the practice.

The SOSBE protocol is focused on the educational approach applied in a co-intervention regimen to conventional treatments with the objective of assisting the patient in the management of the suffering caused by psoriasis, allowing adequate cognitive and behavioral restructuring. The objective of this article is to report the possibility of promoting changes in patients lifestyle, improving their adherence to the recommendations made by doctors team and consequently improving clinical outcomes observed, when the SOSBE protocol was applied.

The scientific evidence obtained from the three systematic reviews that composed the project described above, pointed to the relevant practical implications when new aspects were considered relevant for the management of psoriasis:

1. The relationship between high levels of emotional stress, low level of mental health, dysfunctional lifestyle, low quality of personal care, especially those related to oral hygiene, the presence of oral dysbiosis, and the high prevalence of unexpected dermatological outcomes and unfavorable [2].

2. In addition to the impact of the dental biofilm in a condition of dysbiosis in the evolution of the disease, one of the systematic reviews indicated that there are 7 different groups of oral risk factors, which, when overlapped, can produce up to 26 different clinical scenarios due to the intersection between the state of oral health and psoriasis in general related to the evolution of signs and symptoms observed [3,4].

It is only possible, when these new risk factors, which overlap with those already well known in the pathophysiology of psoriasis in the natural environment, are analyzed stratified in the research environment, is it possible to evaluate their impact in the clinical course. Including, as confounders of outcomes for clinic staff, leading to serious consequences, such as the low conventional responsiveness to treatment observed in many cases [3].

Regarding oral aspects in general, although there is no consensus regarding the global prevalence of periodontal disease in general, it is estimated to be elevated and ascending. And it generates serious systemic repercussions, even for those apparently considered as without other systemic compromises. So much so that, recent studies indicate that a person presents as periodontal disease, strictly speaking, the same should not be considered as fully healthy [3].

Following an Evidence-Based Health assumption, after a systematic reviews and meta-analysis were completed, it was constituted the Oral and Systemic Health Evidence Based Sector (SOSBE Sector), Psoriasis I Ambulatory, Department of Dermatology. Escola Paulista de Medicina, Federal University of São Paulo, Brazil. Where an observational study was conducted with 343 patients with psoriasis and other inflammatory dermatoses attended at the our service, for 46 consecutive months, when the SOSBE protocol was applied. It was demonstrated that the majority of the patients presented unfavorable evolution of tegumentary lesions, high level of emotional distress, low level of mental health, very poor oral hygiene, the most dramatic one, due mainly, to the lack of adequate professional orientation.

The clinical evidence obtained from the observational study, made it possible to infer that different degrees of severity of the affections of the supporting tissues of the dental organ generate different negative repercussions for psoriasis. And that even from the presence of gingivitis, with spontaneous hemorrhage due to local factors with dental calculus and presence of halitosis, the evolution of cutaneous manifestations of psoriasis

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tend to be more serious, which makes it possible to infer that if the periodontal disease progresses, the severity of psoriasis also increases considerably.

Under the therapeutic aspects, the aim of the project was the organization of the health education called SOSBE protocol consists a set of recommendations for improve personal care and adequate changes in lifestyle patients based on Hospital Dentistry, Oral Microbiology, Complementary Therapies NCCIH/NIH and Behavioral Medicine-Psychobiology-Clinical Neurosciences). Although the SOSBE protocol was applied in a co-intervention scheme to the traditional dermatology algorithms, few patients underwent concurrent conventional dental procedures. Thus, the application of the oral hygiene technique SOSBE protocol was the only oral care given to most of them during the study, which also pointed to its validation for adoption.

The SOSBE protocol consists of the application a semi-structured questionnaire with 5 domains Mental Health and Quality of Life (WHOQOL Bref), Oral Health (OHIP-14 Oral Health Impact Profile), general systemic condition (ISA), Life-threatening adverse (LTAE) and the WHO [5] International Classification of Functioning, Disability and Health (ICFDH) [6] to assess functionality. It is the search for the greatest possible number of information about the patient in order to guide clinical decision making under the aspects - locoregional-oral cavity, emotional, medical and dermatological history and pharmacological history, and the impact of the disease on the daily functionality of the patient, applied in the form of the FACE-TO-FACE MOTIVATIONAL INTERVIEW, which follows stages: *Pragmatic Welcom; Therapeutic listening with the promotion of Alfagenia through Mind / Body Practice; Pragmatic orientation towards changes in lifestyle, acquisition of healthy habits, including an adequate oral hygiene technique associated with deep breath exercises; and Follow up.*

One the most important of these procedure, is the training of proper oral hygiene techniques, the patient with the attention focused on the activity for the oral cavity details, in order to reach a dental brush improvement. Meanwhile, breathing slowly and deeply, as in a relaxation exercise at least, for fifteen minutes [7-9]. The brushing exercise should be done, at least, once a day, even though a conventional dental treatment has not yet been done. The results for the population evaluated revealed a possible applicability of the procedure in general. Although sophisticated, the dental brushing technique is simple, easy to apply and inexpensive, in addition to being effective, efficient and safe. The SOSBE protocol has been shown to be able to lead to an emotional relaxation, promoting the restructuring of cognitive behavior, through the use of educational approach techniques. The SOSBE protocol can be applied by any health professional, as long as properly trained.

The follow-up for assessment could be done during the period of outpatient care of the patient in the sector, and at the present study least in 2 different times for each patient with 30 days intervals.

It is important that psoriasis patient should be considered a chronic patient (CP), who due to the overlapping of risk factors of diverse nature present outbreaks of exacerbation. The SOSBE protocol is an additional option for chronic patient management (PC). The results were favorable regarding patients adherence to the orientations received from the service teams, and better clinical outcomes.

Concerning effectiveness, safety and efficiency, the SOSBE protocol proved capable of making a difference in the management of psoriasis, when applied in a co-intervention regimen to conventional treatments, when compared to conventional approaches previously used, and with low costs. The present study has conceptual, attitudinal and procedural contents of a reasonable degree of reproducibility in different clinical scenarios, provided that the principles of sensitivity, specificity, necessity and opportunity for the adaptation of knowledge are repeated for other chronic patients, according to the principles of Internal Medicine and Therapeutics (MIT) and Evidence-Based Health.

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