



COVID-19: Challenges and opportunities for dermatology response

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COVID-19: Challenges and opportunities for dermatology response

Dear Editor,

As the world faces an unprecedented challenge in the novel coronavirus disease-2019 (COVID-19) pandemic, which as of 21 March 2020 has had 287,239 confirmed cases and 11,921 number of deaths worldwide, its consequences have reached all facets of medicine, including dermatology (1). It remains a rapidly evolving scenario with guidance being updated regularly to reflect new information. Whilst it presents unique challenges to dermatology, it also presents an opportunity to help drive the development of new infrastructure to adapt and improve dermatology practice.

Given the priority remains on limiting the spread of COVID-19 both to healthcare workers and patients, particularly those at high-risk, face-to-face outpatient appointments are increasingly being temporarily canceled. However, there remains uncertainty on the length of time social isolation will be implemented for, and the likely clinical backlog clinicians will face after. Dermatologists need to remain mindful of the significance of COVID-19 particularly on patients being considered for or initiated on immunomodulatory therapies, and negotiating safe monitoring arrangements to avoid unnecessary hospital visits. Furthermore, there remains a cohort of patients who may have been awaiting urgent dermatology, that likely cannot wait for the period of isolation to end, which clinicians will need to seek innovate approaches to review.

Although teledermatology programs have been widely touted as the future of dermatology, with numerous studies demonstrating their efficacy, they have faced challenges in integration within NHS outpatient clinics (2,3). Yet, as the continued isolation measure for COVID-19 continue, investment in such infrastructure will pay dividends for the short term in both allowing urgent reviews to occur but also in providing invaluable advice for high-risk patients presenting with disease flares, particularly in the context of immunomodulatory medications. Medication concordance has remained a challenge, particularly in patients with psoriasis, with a recent study demonstrating adherence to be as low as 41.5% (4). Given the current degree of societal anxiety and misinformation in social media, there remains a need for local dermatology teams to continue regular communication and provide clear guidance to patients on medications.

Investment in teledermatology now will also continue to have long-term benefits, not only by reducing the number of reviews once face-to-face appointments are restarted, but also in continuing to serve a remote service both for patients who might not be able to attend routine appointments, and also to support general practitioners. Effective implementation requires clinician and patient enthusiasm, and given the challenges in this uncertain period, it remains prudent for dermatologist to be open to new and effective channels of patient care.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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