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Letter to Editor

Evaluation in real life of the impact of photo-protection counseling in patients with actinic keratosis

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Dear Editor,

Actinic keratosis (AK) are scaly lesions caused by chronic ultraviolet-induced damage to the epidermis which are a proxy for excessive sun-exposure [1] that may evolve into squamous cell carcinoma [2-7]. Therefore, there is a need or continuous surveillance of such patients along with adapted information for an effective photo-protection, practical couselling on photoprotection towards the defined population, i.e. elderly with actinic keratosis. Thus, patient observance and adhesion to the dermatologist recommendations become a real public health issue. In this context, we aimed to evaluate through a non-interventional, real-life observational study, the impact of photoprotection counseling by the dermatologist on patients attitude towards sun exposure.

All patients attending dermatologists consultations recruited on a voluntary basis through continental France with a first diagnosis actinic keratosis were proposed to participate to the study. Each patient was advised to daily use a specific moisturizer incorporating a very high photo-protection index (SPF50) in post-treatment of actinic keratosis after the delivery of adapted information by the dermatologist. The study was conducted from June 1st to September 30th 2017. In addition, all patients received a specifically developed questionnaire at the end of visit meant to be answered one week after the consultation and that aimed to evaluate the compliance of the patient to the dermatologist recommendation.

In total, 241 private dermatologists participated in the study. They proposed the study to recruited 1320 patients of whom 1030 completed the questionnaire (response rate 78%, available on request). Briefly, 49.8% declared to practice a sport or a leisure activity that expose them to the sun and 38.6% reported being exposed to the sun during their professional activity. Moreover, 52.3% declared to be exposed to the sun for more than 2 hours between 11 am and 5 pm during summer. Of these, 94.9% declared that the most exposed body area was the face. Besides the use of topical sun protection, 67.4% reported to wear a hat; 14.8% a beach umbrella; 34, 6% a garment and 51.9% sunglasses. Sunburn was reported in 47.3% over the last 12 months. Finally, 7 days after the consultation with the dermatologist; 97% reported that they complied with the dermatologist's recommendations and 83.8% used the prescribed photoprotection on a daily basis [92, 6% on AK treated areas and 71, 9% on AK untreated areas]. However, there was still 33, 8% of participants who declared that they have been exposed to the sun more than 2 hours between 11 am and 5 pm. Lastly, 38% reported having changed their patterns of voluntary or involuntary exposure.

After receiving photoprotection recommendations, the prevalence of sun exposure over 2 hours between 11 am and 5 pm was reduced by about 36%. Patients' compliance to the dermatologist's recommendations on photoprotection reached almost 90% with regard to treated areas. These results show that dermatologists are at the forefront on delivering adequate sun protection information for sun protection and that an adapted information is very efficient in improving patient compliance to photoprotection measures, i.e., daily application

of a specific moisturizer integrating a very high photoprotection SPF50 + in post-treatment actinic keratosis. The implementation of tools that make easier the patients understanding of these recommendations would be of high interest.

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