Nailing the Clinical Challenges in Onychomycosis Management

Jovana Lubarda, PhD1; Piyali Chatterjee1; Tracey Vlahovic, DPM2
1Medscape LLC, New York, New York, USA; 2Temple University School of Podiatric Medicine, Philadelphia, Pennsylvania, USA

Study Objectives

- To design a clinical practice assessment survey conducted online, to compare results between primary care physicians (PCPs) and dermatologists, and to identify any clinical gaps and barriers in onychomycosis management.

- To identify the specific clinical practice gaps and barriers contributing to physician performance on understanding the key onychomycosis concepts.

- To determine the impact of knowledge, skills, attitudes, or competence on the physicians' clinical performance.

- To determine if education should be provided to improve physician performance.

- To determine if education should be targeted to improve physician performance.

The following were findings on clinical gaps in onychomycosis management for PCPs (n=546) and dermatologists (n=530) and the findings were used to develop an educational activity.

- 45% of PCPs and 59% of dermatologists understood treatment duration, disease knowledge, and diagnostic test selection and therapeutic choices in an onychomycosis patient case.

- Only 39% of PCPs and 61% of dermatologists understood less than a quarter of all participants identified the pain-dysfunction relationship of untreated onychomycosis.

- Only 59% of PCPs but 80% of dermatologists identified the link between untreated onychomycosis and severe consequences (ie. permanent nail damage and pain and dysfunction).

- There was lack of knowledge of onychomycosis clinical trial parameters; an average of 45% of PCPs and 59% of dermatologists were aware of complete versus mycological cure, and appropriately tailoring therapies to specific parameters and adherence to drug therapy.

- There was lack of knowledge of onychomycosis clinical barriers of physicians treating onychomycosis. This survey uncovered specific clinical practice gaps and barriers in onychomycosis. It is also anticipated that these gaps exist for other specialties including dermatologists and podiatrists and nurses. Hence, future education should be targeted to improve clinical effectiveness amongst various specialties managing onychomycosis.

Conclusions

An online clinical survey, such as the clinical practice assessment conducted herein, is a critical step in determining the current knowledge, skills, attitudes, competence, and barriers of physician managing onychomycosis. The survey design and content parameters were derived from a critical review of the literature on onychomycosis, including the best available evidence on the epidemiology, pathogenesis, clinical features, and management of onychomycosis. The survey was designed to identify the specific clinical practice gaps and barriers contributing to physician performance on understanding the key onychomycosis concepts. The survey was also designed to identify the specific clinical practice gaps and barriers contributing to physician performance on understanding the key onychomycosis concepts.

References