



## Rationale

Skin conditions include pathology affecting nails and hair. They account for 15.9 out of every 100 patient encounters in general practice, and 11.3% of the total reasons for encounters, making them one of the most common presentations in Australian general practice.<sup>1</sup>

In addition to being a major source of patient morbidity, skin conditions can be the first presentation of serious systemic or psychological disease, including anxiety with compulsive skin picking and trichotillomania, infection and malignancy, with skin cancers being the commonest reason for medical specialist referral in Australian general practice.<sup>1</sup>

Skin cancers are a major and increasing source of premature death in Australia.<sup>2,3</sup> This highlights the importance of health education and promotion regarding safe sun exposure in all patients attending general practice, and prompt diagnosis and management.

While each patient presenting with a skin condition is unique, some significant skin conditions are more common among particular patient groups. For example, Aboriginal and Torres Strait Islander Australians are prone to streptococcal skin disease and to secondary renal disease; individuals who are immunosuppressed, such as transplant recipients, have an increased vulnerability to skin cancers; and individuals who have migrated from countries with a high prevalence of cutaneous tropical infection are more likely to have conditions such as cutaneous leishmaniasis and Hansen's disease.

General practitioners (GPs) also see dermatological manifestations of systemic diseases (eg strongyloides, secondary syphilis) that, although uncommon in Australia, are sometimes diagnosed in travellers, refugees and other people who have been to endemic areas.

GPs have a significant role to play in participating in public health measures aimed at reducing the significant health burden of some dermatological conditions. This includes providing patient education about avoiding environmental hazards that may cause skin problems, and other public health measures such as disease notification and management of contacts for communicable infections such as scabies. Screening for skin cancers according to evidence-based guidelines and targeting specific high-risk populations (eg individuals with a family history of dysplastic naevi and/or melanoma) are other important parts of this role.

## Related contextual units

Nil

## References

1. Britt H, Miller GC, Henderson J, et al. General practice activity in Australia 2013–14. Sydney: University of Sydney, 2014. Available at [http://ses.library.usyd.edu.au/bitstream/2123/11882/4/9781743324226\\_ONLINE.pdf](http://ses.library.usyd.edu.au/bitstream/2123/11882/4/9781743324226_ONLINE.pdf) [Accessed 19 November 2014].
2. Australian Institute of Health and Welfare. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW, 25 June 2014. Available at [www.aihw.gov.au/publication-detail/?id=60129547205](http://www.aihw.gov.au/publication-detail/?id=60129547205) [Accessed 19 November 2015].
3. Australian Bureau of Statistics. 3303.0 – Causes of death, Australia, 2013. Canberra: ABS, 31 March 2013. Available at [www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2013~Main%20Features~Leading%20Causes%20of%20Death~10001](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2013~Main%20Features~Leading%20Causes%20of%20Death~10001) [Accessed 19 November 2015].

## Useful dermatology resources and tools

DermNet NZ: The dermatology resource, [www.dermnetnz.org](http://www.dermnetnz.org)

## Glossary

### Safe use of dermatological therapies

This may include discussion around precautions with use of topical corticosteroids and podophyllotoxin.

### Common dermatological conditions

These may include conditions such as:

- eczema: atopic, contact and seborrhoeic
- psoriasis
- acne
- rosacea
- urticaria
- bacterial infections: cellulitis, erysipelas, impetigo
- viral infections: herpes simplex, herpes zoster, warts, pityriasis rosea, exanthems, enanthems
- fungal infections: dermatophytes, pityriasis versicolor, candidiasis
- infestations: lice, scabies
- benign growths: epidermoid cysts, seborrhoeic keratoses, solar lentigos
- malignancy and premalignant conditions: solar keratosis, basal cell carcinoma, squamous cell carcinoma, Bowen's disease (squamous carcinoma in situ), keratoacanthoma, melanoma
- pruritus
- hair diseases: alopecia areata, androgenic alopecia, telogen effluvium
- nail diseases: fungal, psoriatic, neoplastic nail disease
- ulcers: including venous, arterial, malignant and pressure ulcers
- systemic conditions: including systemic lupus erythematosus, lichen planus, thrombocytopaenic purpura, sarcoidosis.

### Dermatological manifestations of systemic diseases

These include systemic diseases manifesting as erythema nodosum, vasculitis, generalised pruritus, malar erythema, calcinosis, Raynaud's phenomenon, telangiectasia, rheumatoid nodules, pyoderma gangrenosum.

## Life threatening dermatological emergencies

These may include conditions such as:

- meningococcal septicaemia
- ocular herpes simplex and zoster
- toxic epidermal necrolysis and Stevens-Johnson syndrome
- erythroderma: exfoliative dermatitis and pustular psoriasis
- Kawasaki disease
- scalded skin syndromes/angioedema/anaphylaxis
- pemphigus vulgaris
- necrotising fasciitis
- polyarteritis nodosa
- eczema herpeticum
- periorbital cellulitis
- spider and snake bites.

## Public health measures

These may include measures such as:

- educating patients about the avoidance of environmental hazards such as solar radiation, workplace or household exposures that may cause dermatological problems
- screening for skin cancers according to evidence-based guidelines, including targeting specific high-risk populations
- prevention of skin cancer, including patient discussion of sun protection, and the general practice surveillance of high-risk groups, including familial forms of dysplastic naevi and melanoma.

## Dermatological procedures

These may include procedures such as:

- biopsy: shave, punch, and excisional biopsy
- cryotherapy
- electrocautery
- diathermy
- skin and nail scrapings for fungal disease
- skin swabs for bacterial or viral disease
- dermatoscopy
- excision of skin lesions (eg sebaceous cysts, lipoma, skin cancer)
- injection of keloid scars
- drainage of abscess, perianal haematoma
- ingrown toenail surgery.