

Ronald B. Prussick, MD, FRCPC



Dr. Ronald Prussick is an Assistant Clinical Professor at George Washington University and the medical director of the Washington Dermatology Center in Rockville, MD. In addition to regularly appearing on Top Doctor lists locally and nationally (in the Consumers Research Council), Dr. Prussick also has extensive background in the treatment of psoriasis, having published numerous articles and presented at national and international conferences. He also serves on the medical board for the National Psoriasis Foundation (NPF). Ahead, Dr. Prussick reflects on the treatment of psoriasis and the importance of communication to therapy.

How important is communication in the overall scope of treatment for psoriasis?

"I believe meaningful communication is a crucial element in treating patients with psoriasis," Dr. Prussick notes. With great advances having been made in the last decade in both treatment and research, particularly in long-term safety data, Dr. Prussick believes it is physicians' duty to educate and inform patients and to put these risks into perspective so that they can make an informed decision. "Psoriasis is a chronic disease and patients will often need long term treatment and follow-up. I have found over the years that when patients better understand their disease, acceptance of therapy is easier for them," says Dr. Prussick. I always begin each visit by asking "Are you happy with your treatment?" That simple question empowers your patient to tell you how they really feel.

What kind of strategies would you recommend for not only preparing patients for the realities of treatment, but for encouraging adherence to a particular regimen?

"Patients are more willing to accept treatment if they understand the consequences of not treating their disease," Dr. Prussick explains. "Psoriasis patients have an autoimmune disease with associated comorbidities, such as arthritis, cardiovascular disease and depression, among others. They can have a shorter lifespan than the general population, mostly due to cardiovascular events," says Dr. Prussick. He notes that conveying this to patients can have a significant influence on adherence. "We have treatments that can modify or prevent these comorbidities. After

explaining the disease and opening lines of communication in this context I have found a higher compliance with more advanced treatment regimens."

What are some lessons you've learned from your years in practice when it comes to the doctor-patient relationship and its impact on care?

"I have learned over the years to listen to patients," says Dr. Prussick. "If you understand what they truly want, you can better help them achieve a satisfactory response with good compliance."

In terms of the broader physician-patient relationship, Dr. Prussick explains that empathy can be as important in a patient's care as treatment itself. "Early in my career, I treated a patient with vasculitis who developed a hypersensitivity reaction to my treatment. This resulted in hospitalization and time off work and school. I learned from this the importance of saying 'I'm sorry' when something bad happens, no matter whose fault, and show this not only with words but also by empathetic actions. In this patient's case, that meant frequent visits and help with coordinating her hospital care. When she was finally discharged and followed up in my clinic I was shocked when she presented a gift to me," recounts Dr. Prussick.

"One of the best pieces of advice I was given early on in practice was from my mentor, Dr. Neil Shear at the University of Toronto. He told me to 'give the time to the patients who need it most.' The initial consult for a patient with severe chronic disease does take more time, but it leads to improved communication and better compliance. Over the years these long-time patients have consistently been my greatest supporters." ■