

JDPA

Journal of Dermatology *for* Physician Assistants

VOLUME 2 NUMBER 2
SPRING 2008

SDPA NEWS AND CURRENT AFFAIRS

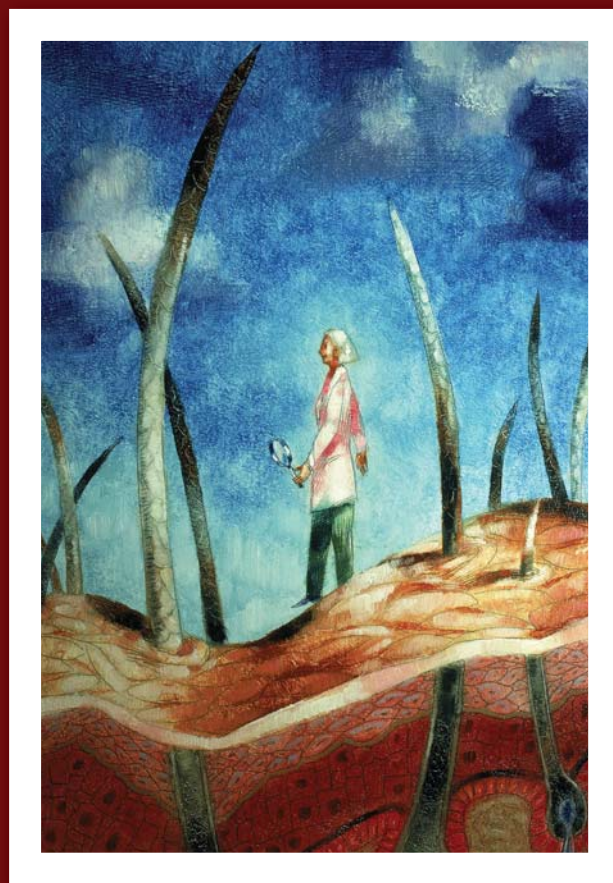
DERMATOLOGY PA NEWS AND NOTES

CLINICAL DERMATOLOGY

SURGICAL DERMATOLOGY

COSMETIC DERMATOLOGY

PROFESSIONAL DEVELOPMENT



SUPPLEMENT
for the
Lupus Foundation
of America



Official Journal of the Society of Dermatology Physician Assistants

JDPA

Journal of Dermatology for Physician Assistants

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EDITORIAL MISSION: The JDPA is the official clinical journal of the Society of Dermatology Physician Assistants. The mission of the JDPA is to improve dermatological patient care by publishing the most innovative, timely, practice-proven educational information available for the physician assistant profession.

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JDPA/Journal of Dermatology for Physician Assistants (ISSN 1938-9574) is published quarterly (4 issues per volume, one volume per year) by Physician Assistant Communications, LLC, P.O. Box 416, Manlius NY 13104-0416. Volume 2, Number 2, Spring 2008. One year subscription rates: \$40 in the United States and Possessions. Single copies (prepaid only): \$10 in the United States (Include \$6.50 per order plus \$2 per additional copy for US postage and handling). Periodicals postage rate paid at New York, NY 10001 and additional mailing offices.

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POSTMASTER: Send address changes to Society of Dermatology Physician Assistants, Inc. P.O. Box 701461, San Antonio, Texas 78270; 1-800-380-3992.



FROM THE PATIENT'S PERSPECTIVE

It Can't Rain All The Time... My Life With Lupus

By Regina Doran

I may look alright on the outside, but that doesn't mean I'm ok on the inside. That is the myth with lupus, the symptoms are phantom. They come and go like night and day. It's hard to have a life when you don't know if it's going to be a good day or a bad day.

When I was five years old the rash started. My parents didn't think much of it, they just thought that it was a common heat rash. The doctors said that I would grow out of it, but it kept getting worse. They knew something else was wrong with me. Finally, at the age of eleven a dermatologist performed a biopsy on my upper leg and the test came back positive for systemic lupus erythematosus (SLE). At first nothing in my life really changed. But as the weeks went by my health got worse. I began to get really tired. My joints were sore, I had high fevers, and the

rash was becoming worse. Before all of this, I could go outside and I would just get a small amount of the rash on my face and arms. Now my face, hands, arms and upper thighs were pretty much covered with the rash. Each day it was becoming harder to get out of bed in the morning. Not only was I dealing with lupus, but I had to deal with rheumatoid arthritis as well.

"One thing did change though... I changed. I became stronger."

Just when I thought that things were going to calm down, my rheumatologist called with bad news. Apparently,

the lupus may have spread to my kidneys and the only way to know for sure was a kidney biopsy. The next thing I knew we were on our way to the hospital for a kidney biopsy. Low and behold, the lupus had spread to my kidneys.

At that time I didn't feel any different. The same symptoms were still bothering me. It wasn't until I went home that it really hit me. I was in the sixth grade at this time. All that I wanted to do was to go outside and play with my friends like any normal kid. Try and explain to a twelve-year old "you can't play because the methotrexate shots that you have to get make you sick." It wasn't easy for me to have friends or a normal life for that matter. Teenage girls carry Chap Stick in their purses. I carried sun block in mine. While all of my friends were outside playing in the beautiful sunshine, I was cooped up inside like a vampire, watching the world pass me by.

Life was pretty quiet the next couple of years. I started taking prednisone on and off. For those of you who don't know, prednisone is not a very nice drug to deal with. For a young girl, it can be her number one enemy. It causes weight gain, fatigue and mood swings. I hated this medicine with a passion; it made my cheeks swell up, to the point where I wouldn't leave my room at times. So on top of the rash, I had to deal with

TAKE HOME POINTS for DERM PAs:

By Steven K. Shama, M.D., MPH

- I. When you, as a healthcare practitioner, give a medication like prednisone that has visible side effects, wouldn't it be nice to add these words after you have discussed side effects, especially to a teenager... "I'm sorry, but this is the best medication for you. The side effects will be visible. We will get you off of it as soon as possible. I am here for you." (*Words of empathy and hope*).
- II. As healthcare practitioners we should inquire about what it is like for our patients to have to live with lupus... allowing them to share their feelings. (*Words of innocent curiosity that are said from the heart*).
- III. It is often life affirming when you, the practitioner, review with the patient how many triumphs the patient has had despite the many setbacks. (*Words of encouragement that are sorely needed in a chronic disease*).
- IV. Inform patients and/or their families about the Lupus Foundation of America, Inc. (LFA) - www.lupus.org. From the LFA, patients and families can gather educational information and utilize it as a valuable networking resource.

FROM THE PATIENT'S PERSPECTIVE

people staring at me and calling me names. Most of my days were spent in the bathroom crying. I wish I could say it got better, but sadly it didn't.

Middle school came and went and then high school came on like a bad migraine. The dirty looks and names didn't stop either. One thing did change though... I changed. I became stronger. I realized that some people can't help being ignorant. They are scared of what they don't know. Yes, it was hard to ignore the names and looks, but it wasn't their fault that they were so immature. During my four years of high school I was hospitalized twice. Same old story, out of nowhere the rash appeared along with fatigue, vomiting, loss of appetite, high fever and sore joints. Both visits lasted for about a week. I was becoming a regular at the hospital.

Surprisingly I graduated from high school on time with all of my friends. It was time to enter the real world. The world of college life at State University of New York (SUNY) at Oswego. That too was short lived. Once again, the lupus reared its ugly head and caused problems for me. After my first semester, I was placed on academic warning. By my second semester, I was placed on academic probation and was asked to take a semester off. At this point in my life I was so depressed that I just gave up and moved back home to live with my parents. This was the hardest thing that I had to do, to admit defeat when I knew that I was stronger than this. I knew that I had to fix this some way. I decided to attend a local community college to get my

associate degree. I made it through my first two semesters with no problems. However, my plans were halted yet again when my lupus decided to flare up.

The summer before my third semester was a very tough time for me. I fell into a deep depression; it felt like my world was out of control. I was battling with health and personal problems. The rash was out of control; in fact it was so bad that it had become infected. This called for trips to the hospital everyday to get IV steroid treatments. I did not leave my bedroom for a whole week except to go to the doctors. I have never felt so humiliated in my life. Even my friends gave me looks of disgust; I guess you could say that this was one of the hardest things that I have had to deal with.

I just recently celebrated my twenty-second birthday. Life has been alright, not great, but alright. I am almost done with my last semester at the community college. Hopefully in September I will be transferring back to SUNY Oswego. I am a nanny for a beautiful two-year old little girl. I love my job even though it is sometimes hard to do. My health is starting to go bad again. All that I can do is to hope for the best I guess. "It can't rain all the time." 🌧

Regina Doran is twenty-two years old and lives in Syracuse, New York. Her interests include dancing, reading, and working as a nanny. Currently, she is raising money for the Lupus Foundation of America's (LFA) Lupus Walk 2008. She is involved with her local LFA chapter because she feels, "it is important to raise awareness about Lupus. It is hard feeling like you are the only one who has to deal with this disease. Hopefully I can spread the word about Lupus!"

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The Official Journal of the SDPA



Are you a dermatology patient who may be...

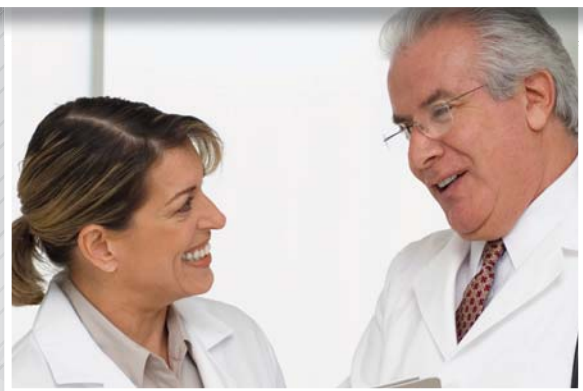
- Interested in writing?
- Willing to share your skin's story, so that others may learn from it?

Contact Travis Hayden at: Editor@jdpa.org

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Dermatology Physician Assistants



Physician Assistants (PAs) in dermatology play a number of varied and vital roles.

PAs are medical providers licensed to practice medicine with physician supervision. From patient care and education, to skin surgery, treatment of chronic skin conditions, and cosmetic procedures, PAs are dynamic members of the healthcare team. PAs practice in every medical and surgical specialty and have been collaborating with dermatologists for 30 years, providing a wide variety of services. These include diagnosing, prescribing medications, ordering and interpreting lab tests, wound suturing, and medical or surgical treatment of a wide variety of clinical diseases. As with all PAs, dermatology PAs are legally and ethically bound to practice only under physician supervision.

PAs are trained in intensive, accredited education programs.

Because of the close working relationship that PAs have with physicians, PAs are educated in the medical model designed to mirror and complement physician training. PAs take a national certification examination and to maintain their certification, they must complete 100 hours of continuing medical education every two years and take a recertification exam every six years. Graduation from an accredited PA program and passage of the national certifying exam are required for state licensure.

How a PA practices dermatology varies with training, experience, and state law. In addition, the scope of the PA's responsibilities corresponds to the supervising physician's scope of practice. In general, a PA will see many of the same types of patients as the physician. Referral to the physician, or close consultation between the PA and physician, is based on the dynamic relationship between the physician and PA.

The Society of Dermatology Physician Assistants (SDPA) is a non-profit professional organization, composed of members who provide dermatologic care or have an interest in the medical specialty of dermatology. Fellow members provide medical services under the supervision of a board certified dermatologist.

More information can be found at www.dermpa.org and www.aapa.org.

