Materials and Methods

Study design and patients

In this single-centre, cross-sectional study, patients attending our dermatological outpatient university clinic were asked to participate in the study on the occasion of their doctor's visit (first or follow-up visit). Patients were recruited between May and November 2014. All patients were eligible if the exclusion criteria were not met. These were lack of time, linguistic difficulties, illiteracy, or lack of comprehension of the questionnaire or the term 'topical steroids'. Participation was limited to one single consultation. Children under 16 years of age were represented by their legal caregivers. Patients or caregivers were asked to answer a newly created 12-item questionnaire (see online suppl. Appendix) while waiting for the visit to address the descriptive part. Patients who had previously been prescribed with TCS were labelled 'experienced'. Patients who confirmed having 'worries, concerns, or fears' of using a topical corticosteroid were labelled 'concerned', and those who admitted TCC-related non-adherence were termed 'non-adherent concerned patients'.

Concerned patients were asked to quantify their concerns on a discrete visual analogue scale (VAS) ranging from 0 to 10. Afterwards, 4 statements were given as standardised written information addressing concerns known from the literature [1,3,5,8,9,19] and aspects to increase confidence [19,22], with special care given to neutral language. The main messages were as follows: side effects of TCS are generally possible, but will hardly ever occur if TCS are used as prescribed, and therefore the benefits outweigh the risks (full-text version in online suppl. Appendix). Immediately afterwards, patients repeated the VAS. Then they were encouraged to address remaining concerns during the visit with one of 10 experienced dermatologists. In order to respond to the raised concerns as precisely as possible, the oral information on TCS given by the dermatologists was individualised. The dermatologists were instructed to inform as they usually do in their clinical practice. After the visit, patients repeated the VAS to assess the additional impact of oral information before they left. The study was approved by the Ethics Committee of Northwestern Switzerland.

Statistical analysis

Demographic and baseline characteristics were compared between concerned and non-concerned patients, using Fisher's exact test. The primary end point was TCC, indicated on a discrete VAS from 0 to 10. We compared TCC intensity at baseline to TCC intensity after written information and after additional oral information, applying the paired Wilcoxon signed-rank test. In addition, TCC intensity after written and after combined oral information was analysed with linear regression models, including TCC at baseline as covariate and the stratifying variables experience with TCS and compliance, as well as their interaction with TCC at baseline, as explanatory variables. Subgroup comparisons of categorical variables were done using Fisher's exact test. Due to incomplete questionnaires, the number of patients differs between the analyses and is always indicated. All statistical analyses were performed with the statistical software R, version 3.1.1 [23]