SOS: Medical Students Get Sunburn Too∗

SOS: estudiantes de medicina quemados

Changing people’s sun exposure habits is now the great challenge in skin cancer prevention. In recent years, numerous studies have been carried out to investigate the psychosocial factors that influence sun exposure and photoprotection behaviors. Although good practices are related to knowledge, it is the individual’s attitude to tanning that determines risk behaviors and the frequency of sunburn. The most vulnerable population in this respect is young adults, a group in which the social pressure to be tanned is coupled with the low perception of risk inherent in youth.

Medical students are not immune to these conditioning factors and, despite their medical training, they tend to exhibit the same behaviors and sunburn rates as other young people of the same age. This was shown by a recent study carried out at the University of Las Palmas de Gran Canaria.1

The findings of that study lead us to reflect on this group of young people as a particularly appropriate population for a strategic intervention aimed at improving sun exposure habits and attitudes. Such an intervention would be beneficial not only in terms of reducing the risk of skin cancer among the individuals targeted but also because of the influence these future doctors may have on those around them. Making medical students aware of their role as social influencers and actively involving them in awareness campaigns aimed at the general population, could lead them to change their own perception of sun exposure and the way they themselves relate to the sun.

Reference


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Estimating the Prevalence of Psoriasis Using Electronic Health Records∗

La prevalencia de psoriasis y su estimación mediante registros electrónicos

In the study by Fernández-Armenteros et al.,1 the authors present a highly efficient way of performing population-based estimates using computerized records. In this case, they used the primary-care database and the database of the dermatology department to estimate that 1.72% of individuals had been diagnosed with psoriasis. This information is very useful for quantifying the magnitude of this problem and supports the information, for example, from the DIADERM Study, in which 4.97% of outpatient consultations were due to psoriasis and 2.49% were follow-up visits—rates that are very similar to outpatient prevalence in a dermatology clinic.2

Despite the convenience of an extensive use of computerized records to calculate estimates for chronic diseases, it should be remembered that there is a risk of certain errors or biases,1 which makes it necessary to thoroughly understand the mechanism and process that generate the information and to analyze the quality of that information. When we have all these factors under control, we can then optimize our data∗ to perform different studies. The use of computerized records will, no doubt, increase, especially in studies of prevalence or incidence, and it is therefore important to understand their strengths and weaknesses.

The results of this study will certainly serve to encourage other researchers.

Reference


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