

SUN AWARENESS AND THE MOLEWATCH CLINIC

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Health education programs have adopted several approaches to informing the public about the risks of excessive sun exposure. In our area of north west England the sun awareness campaigns have included formal lectures for nurses and school staff, as well as information stands in schools, health centres and shopping centres. More recently we have been evaluating the effectiveness of a "molewatch" clinic offering the public open access to a dermatologist for advice on skin lesions. The opportunity was taken to assess knowledge, behaviour and attitudes towards sun exposure and to offer health promotion information.

METHODS

The clinic was held on Morecambe sea-front in August in a specially converted health promotion bus. People were seen on a first come first served basis and all were asked to fill out a questionnaire before seeing the doctor. Each person was also given health promotion literature as well as verbal advice about sun exposure. The questionnaire was in two parts. The first assessed knowledge about risks and the second recorded self-reported behaviour. Scores were accorded to each answer.

Questionnaires were repeated two months after the clinic by post.

RESULTS

The clinic was attended by 106 people (64 women and 42 men). The age range of patients and spectrum of disorders encountered are shown in the figures.

Nine patients had attended the dermatology department in the past for treatment of skin tumours and four of the patients were on our waiting list and had attended the molewatch clinic in order to expedite their treatment. In 34 of the 106 cases, general practitioners (GPs) were contacted to initiate referral for treatment in the dermatology department.

The initial questionnaire was completed adequately by 96 people and of these, 60 completed the second postal questionnaire at two months (response rate 62%). For those subjects completing both questionnaires the risk behaviour scores were 4.73 initially and 4.30 at two months (range of scores 0-13). This improvement was statistically significant (paired t-test $p < .05$). The knowledge scores (range 0-8), demonstrated a marked improvement from 2.70 initially, to 4.35 at two months (paired t-test $p < .001$).

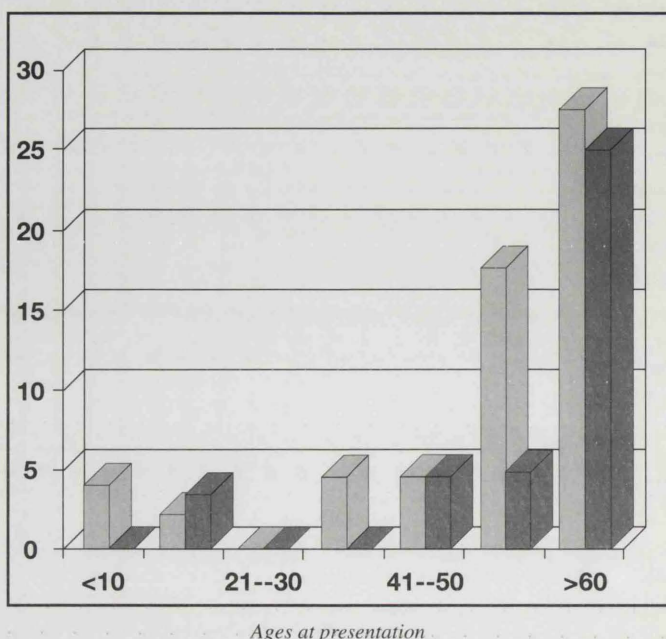
One might have expected a strong negative correlation between knowledge and behaviour scores with the better-informed individuals minimising sun exposure risks.

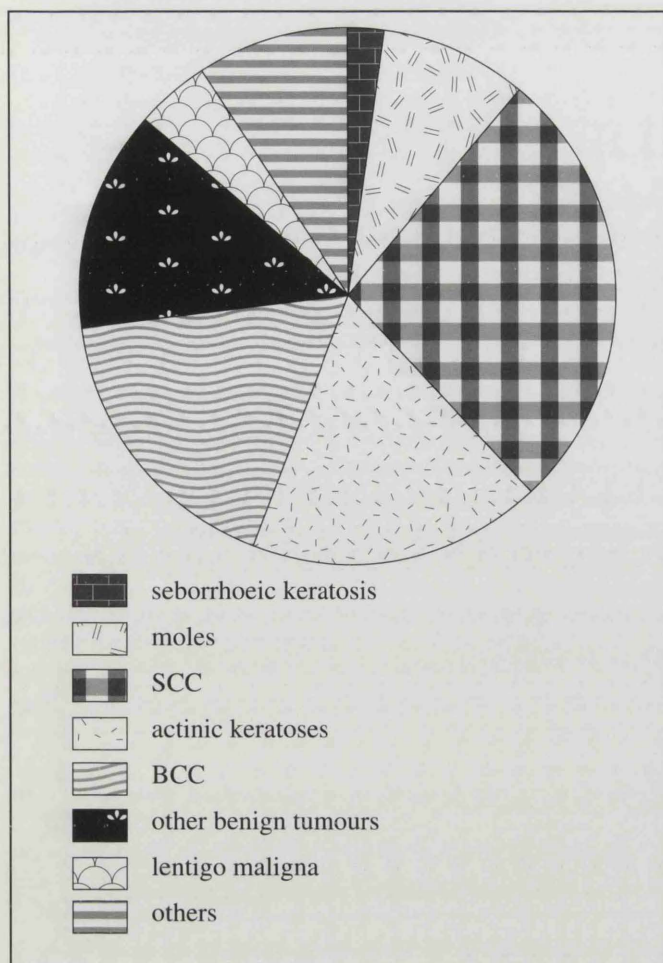
However, although scores improved generally there was no such correlation demonstrable either in the initial or follow-up questionnaires. Furthermore, looking specifically at sunbathing, only two of the 20 subjects who sunbathed regularly for a tan, reported that they no longer intended to do so following the health information campaign. Although numbers were too small for reliable comparison, the knowledge scores actually appeared to be higher in these 20 subjects.

DISCUSSION

The findings of this study demonstrate two important aspects of health promotion exercises such as the molewatch clinic. Firstly, there is a large group of patients with significant skin disease who do not readily consult their GPs. Our figures show that more than half of the patients with neoplastic lesions and other skin disease warranting referral, had not considered seeking medical advice until the molewatch clinic was advertised. Secondly, health promotion information imparted at consultation is retained and reflected in self-reported risk awareness and behaviour.

Although the clinic was undertaken on a summer bank holiday in order to target a wide range of subjects, the great majority of those attending were local residents of retirement age. There are likely to be several reasons for this although it may simply reflect the greater prevalence with age, of cutaneous neoplasms. Risk awareness and behaviour studies which have targeted other age groups have shown comparable improvements in behaviour and attitude scores after similar health promotion campaigns^(1,2). One of these⁽²⁾,





Conditions presented

whilst showing the general effectiveness of such campaigns, failed to demonstrate any beneficial effect on sunbathing behaviour. Griffiths and colleagues⁽³⁾ recently reported a nationwide survey of attitudes to sunbathing in 2000 people aged 16 or older. They found that over the last five years there has been no significant reduction in sunbathing habits despite health education initiatives. Moreover, only 45% of frequent sunbathers stated that concerns about skin cancer would affect their behaviour. The present survey also demonstrates that those who sunbathe regularly for its short-term cosmetic benefit are amongst the least likely to alter their risk-behaviour for the better.

Overall we consider the molewatch clinic to have been a success. It has raised awareness and imparted important health information although the young adult age group, arguably at greatest risk, were the least frequent attenders. The campaign also uncovered significant skin pathology in many cases requiring dermatological intervention. It is envisaged that this worthwhile exercise will be repeated on an occasional basis.

REFERENCES

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- 3 Griffiths CEM, Hughes BR, Mitchell TGF *et al* A Nationwide survey of Attitudes Towards Sunbathing Br J Dermatol 1996;135:33 suppl 47