

# From the Clinic to the Skin: A Comprehensive Model for Managing Dermatologic Conditions in Family and Internal Medicine

**Esra Ali Alhwsawi<sup>1</sup>, Norah Hdayban Almukhlifi<sup>2</sup>, Amal Ahmed Ghzwany<sup>3</sup>, Aisha Khalid Alraddadi<sup>4</sup>, Abeer Ahmed Sharahili<sup>5</sup>, Shrooq Salem Alyami<sup>6</sup>, Rasha Salem Alrehaili<sup>7</sup>, Duaa Salem Alrehaili<sup>8</sup>, Rasha Abdulaziz Zainalabidin<sup>9</sup>, Mansour Mohammed Alahmari<sup>10</sup>, Shouq Amjad Almadani<sup>11</sup>**

1. Family Medicine, Riyadh First Health Cluster
2. Family Medicine, Riyadh First Health Cluster
3. Family Medicine, Riyadh First Health Cluster
4. Family Medicine, Riyadh First Health Cluster
5. Family Medicine, Riyadh First Health Cluster
6. Family Medicine, Riyadh First Health Cluster
7. Diabetes And Family Medicine Consultant, Riyadh First Health Cluster
8. Dermatology Consultant, Riyadh First Health Cluster
9. Dermatology, Riyadh First Health Cluster
10. Resident Internal Medicine, Riyadh First Health Cluster
11. Family Medicine, Riyadh Third Health Cluster

## Abstract

Patients often appear with a variety of skin-related problems, making dermatologic diseases a prominent concern in both internal medicine and family medicine settings. Many medical specialists in these fields, however, believe they are not adequately equipped to handle dermatological diseases beyond basic treatment. This paper proposes a comprehensive, integrated model for managing dermatologic conditions within the framework of family and internal medicine. By examining the interplay between clinical skills, early diagnosis, preventative care, and interdisciplinary collaboration, we argue that family physicians and internists are uniquely positioned to manage a broad spectrum of dermatologic conditions. This model emphasizes a holistic approach to patient care, leveraging both clinical expertise and available dermatologic resources to optimize outcomes.

**Keywords:** Dermatology, family medicine, internal medicine, skin care, integrated care, preventive dermatology, clinical management.

## 1. Introduction

The skin is the body's largest organ, and dermatologic conditions are some of the most common complaints encountered in primary care settings. Conditions like acne, eczema, psoriasis, and skin cancers frequently present in family and internal medicine practices, often requiring a combination of diagnosis, treatment, and ongoing management. (1)

However, despite the prevalence of these conditions, many primary care providers (PCPs), particularly in family medicine and internal medicine, may feel limited in their ability to manage complex dermatologic issues, often deferring to dermatologists for specialized care. (2)

Dermatologic conditions are among the most commonly encountered issues in family and internal medicine practices. From chronic conditions like eczema, psoriasis, and acne to acute concerns such as infections and allergic reactions, patients frequently present with a range of skin-related complaints. (3)

In fact, it is estimated that up to 30% of primary care visits involve dermatologic concerns. Despite this, primary care providers (PCPs) may feel unprepared to manage complex dermatologic cases, often deferring care to dermatologists.(4)

The importance of dermatologic care in primary care cannot be overstated. Not only do dermatologic conditions affect the skin, but they often have systemic implications, such as in autoimmune diseases like lupus or internal conditions like diabetes. Given their role in managing both common and complex health conditions, **family physicians** and **internists** are uniquely positioned to provide comprehensive care for dermatologic problems. This paper proposes a comprehensive, integrated model for dermatologic care within these specialties, emphasizing early diagnosis, preventive measures, appropriate treatments, and interdisciplinary collaboration.(5)

This paper advocates for a **comprehensive model** of dermatologic care within family and internal medicine. We propose an approach that includes accurate diagnosis, early intervention, preventative care, and appropriate referrals, all of which can significantly improve patient outcomes and reduce unnecessary referrals to dermatology specialists. By integrating dermatologic knowledge into general medical practice, healthcare providers can more effectively manage common skin conditions and deliver high-quality, patient-centered care.(6)

## 2. The Role of Family and Internal Medicine in Dermatologic Care

Both **family medicine** and **internal medicine** offer comprehensive, continuous care, often serving as the first point of contact for patients seeking treatment for skin-related concerns. (7)

These specialties are uniquely positioned to manage dermatologic conditions due to their familiarity with the patient's broader health context, including comorbidities and overall health status. Family physicians often manage a broad range of pediatric to geriatric conditions, while internists typically deal with complex, multisystem diseases, many of which have dermatologic manifestations.(8)

Family and internal medicine practices serve as the first line of care for patients with dermatologic conditions. Physicians in these fields often have a longstanding relationship with patients and are familiar with their broader health histories, making them ideally suited for managing a wide range of skin conditions.(9)

Key functions of family medicine and internal medicine in dermatologic care include:(10)

- **Early Identification and Diagnosis:** Primary care providers are often the first to identify signs and symptoms of dermatologic conditions, making early diagnosis and intervention crucial.
- **Management of Common Skin Conditions:** Conditions such as acne, eczema, psoriasis, and rosacea can often be managed effectively in a primary care setting.
- **Screening for Skin Cancer:** Regular screenings for melanoma and other skin cancers are essential in primary care, especially for high-risk patients.
- **Integration with Other Systems:** Dermatologic issues can be a manifestation of systemic diseases (e.g., lupus, diabetes, thyroid disorders), making their management in family and internal medicine settings essential.(11)

## 3. Building a Comprehensive Dermatologic Care Model

To integrate dermatologic care into family and internal medicine, we propose a **comprehensive model** based on early detection, prevention, ongoing management, and interdisciplinary collaboration. The goal is to empower primary care providers with the tools and knowledge necessary to manage dermatologic conditions effectively and reduce unnecessary specialist referrals.(12)

To optimize dermatologic care in family and internal medicine, we propose a multifaceted model incorporating several key strategies: **early detection**, **comprehensive management**, **preventive care**, and **interdisciplinary collaboration**. These elements are designed to create a framework that allows family physicians and internists to deliver high-quality, patient-centered care for dermatologic conditions.(13)

#### **Early Detection and Diagnosis**

The ability to recognize skin conditions early is crucial for effective management. Family and internal medicine providers should be familiar with a range of common dermatologic conditions, including:(14)

- **Common inflammatory skin disorders:** Such as eczema, psoriasis, and acne.
- **Infectious conditions:** Including bacterial, viral, and fungal infections like impetigo, warts, and tinea.
- **Skin cancers:** Including basal cell carcinoma, squamous cell carcinoma, and melanoma.(15)

Primary care providers should be proficient in conducting a thorough skin examination during routine visits and using diagnostic tools such as dermoscopy when appropriate. A **structured approach** to skin examination—assessing for asymmetry, border irregularity, color variability, diameter, and evolution (the ABCDEs of melanoma)—should be integrated into standard clinical practice.(16)

#### **Comprehensive Management of Dermatologic Conditions**

While many dermatologic conditions can be treated within the primary care setting, others may require referral to a specialist. For common conditions, family and internal medicine providers should be equipped with treatment options such as:(17)

- **Topical treatments:** For conditions like acne, eczema, and psoriasis, topical corticosteroids, retinoids, and moisturizers are mainstays of therapy.
- **Oral therapies:** Antibiotics, antifungals, and oral corticosteroids may be indicated for conditions like bacterial infections or severe dermatitis.
- **Phototherapy:** For more severe cases of eczema or psoriasis, referral for phototherapy may be an option, though many providers are not yet equipped to deliver this in primary care settings.(18)

The comprehensive management model involves not only prescribing medications but also **providing patient education**. Informing patients about proper skincare routines, the importance of sun protection, and lifestyle modifications (such as diet, hydration, and stress management) can significantly improve the outcome of many dermatologic conditions.(19)

#### **Preventive Dermatologic Care**

Preventive care is a key pillar of the model for managing dermatologic conditions. Family and internal medicine physicians are in a unique position to implement preventive dermatologic strategies, including:(20)

- **Regular skin cancer screenings:** Routine checks, particularly for high-risk individuals (e.g., those with a history of sunburns, fair skin, or family history of skin cancer), can significantly reduce morbidity and mortality from skin cancers.
- **Sun protection education:** Educating patients on the importance of sunscreen, protective clothing, and avoiding tanning beds can reduce the incidence of skin cancers and photoaging.
- **Chronic disease management:** Conditions like diabetes, obesity, and autoimmune diseases may manifest with dermatologic complications. Addressing these underlying diseases can prevent or minimize related skin issues.(21)

## Interdisciplinary Collaboration

While primary care providers are capable of managing many dermatologic conditions, some cases require specialized care. Collaborative care models, where family and internal medicine physicians work closely with **dermatologists**, **allergists**, and other specialists, can enhance patient outcomes.(22)

For example, patients with complex skin conditions such as **psoriasis**, **eczema**, or **cutaneous lupus** may benefit from a coordinated care approach, where primary care providers collaborate with dermatologists for advanced treatments like biologics or systemic therapies.(23)

Additionally, many dermatologic conditions are manifestations of systemic diseases, and timely referral to specialists (e.g., rheumatologists for lupus or endocrinologists for thyroid disorders) is essential for effective management.(24)

While many dermatologic conditions can be effectively managed in primary care, there are instances where referrals to dermatologists or other specialists are necessary. An integrated care model should emphasize **collaboration** between family physicians, internists, and dermatologists.(25)

For example, for conditions like **psoriasis**, which may require systemic treatments, **rheumatologists** or **dermatologists** can provide additional expertise in the management of complex cases. Regular communication between these specialists and primary care providers ensures coordinated care and optimal patient outcomes.(26)

### 4. Integrated Management of Psoriasis

Male patient with a history of mild psoriasis presents to a family medicine practice with a flare-up of his condition. His lesions are localized to his elbows, knees, and scalp. The patient also has a history of hypertension and type 2 diabetes.(27)

#### Primary Care Approach:

1. **Skin examination:** A thorough skin exam is performed, confirming the flare-up of psoriasis.
2. **Initial treatment:** The patient is prescribed topical corticosteroids and referred to a dermatologist for consideration of phototherapy.
3. **Patient education:** The patient is educated about the triggers of psoriasis, including stress and poor glycemic control, and the importance of skincare routines.
4. **Chronic disease management:** The family physician emphasizes controlling blood pressure and diabetes to minimize the risk of complications, including psoriatic arthritis.(28)

By taking a comprehensive approach—addressing both the skin condition and the underlying comorbidities—the primary care provider plays a pivotal role in improving patient outcomes and preventing further complications.

Despite the potential benefits of an integrated dermatologic care model, there are several challenges:(29)

- **Lack of specialized training:** Family and internal medicine providers may not receive extensive training in dermatology, leading to discomfort or hesitancy in managing complex cases.
- **Time constraints:** Primary care visits are often brief, making it difficult to address both dermatologic and other health concerns in a single visit.
- **Access to resources:** Not all primary care settings are equipped with tools such as dermoscopy, which may limit diagnostic accuracy.
- **Referral practices:** Physicians may over-rely on dermatology referrals, which can strain specialist resources and delay care.(30)

These challenges highlight the need for ongoing professional development, better access to diagnostic tools, and improved collaboration between primary care providers and dermatologists.(31)

Dermatologic conditions are prevalent in primary care settings and can often be managed effectively by family physicians and internists. By adopting a comprehensive model that emphasizes early detection, holistic care, preventive measures, and interdisciplinary collaboration, primary care providers can improve outcomes for patients with skin-related issues. This integrated approach not only enhances patient care but also reduces unnecessary referrals and promotes a more efficient use of healthcare resources.(32)

As healthcare systems continue to evolve, empowering primary care providers to take a more active role in dermatologic care will be key to achieving better patient outcomes and enhancing the overall quality of care.(33)

## **5. Conclusion**

A comprehensive, integrated approach to dermatologic care within family and internal medicine is essential for providing holistic, patient-centered care. By equipping primary care providers with the knowledge, tools, and resources necessary to manage a broad range of dermatologic conditions, healthcare systems can improve both patient outcomes and efficiency. Early detection, preventative care, and effective management of common dermatologic conditions are crucial aspects of this model. Through collaboration and continuous education, family physicians and internists can enhance their capacity to care for the skin—and, by extension, the overall health—of their patients.

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