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E-HEALTH AND THERAPEUTIC PATIENT EDUCATION (TPE)

The internet has changed our lives and the way we access information. The center in San Diego distributes information via the website www.eczemacenter.org. The internet should be used as a source of information since nowadays it is difficult to ensure that patients come and participate in our information and training sessions. On the website, care modules are provided for patients by the nurses and exchanges are dynamic and the information is spread. Even though we encourage our patients to use this new communication tool to have access to our care modules (bleach baths) there remains a risk of the spread of unfiltered information potentially harmful for patients when they carry out their own research. In the United States the government has authorized electronic prescription. Training related to atopic dermatitis is divided, and the implementation of an education system for pediatricians would be very useful. Once the programme is established a policy struggle then ensues between the American council and the pediatricians to ensure that students and interns receive this form of education. On the internet we have collaborative protocols which provide a way of obtaining common strategies and methodologies in common with the sub-groups. The same applies to forms for entry of SCORAD data, which allow for easy scoring and all data can be shared throughout on the web.

The problem with managing a patient's disease is the improvement of his quality of life and the consistency of treatment. The internet connects people and allows international surveys to be carried out. Testimonials, the experiences of patients and also international associations are the important factors that can aid in raising funds. However, web education is not sufficient; the patient must not be abandoned.

Web 1.0 is an inexhaustible source of information and a fascinating and useful tool. Nonetheless, the diffusion of information via the internet is insufficient and must include customized therapeutic education that is controlled by a team of educators.

Web 2.0 improves on the collaboration between individuals by using social services and it is used more and more in medical and political fields. The internet allows families and patients to overcome isolation and offers links with support groups. There are also communities created online. However the risk of spam messages is quite present and an expert moderator is needed to control the information shared.

With web 3.0 we will be able to include artificial intelligence and transmit personalized advice to patients without the doctor acting as an intermediary. The patient will be required to complete a questionnaire about the severity of his or her disease, and based on the computer analysis of this information and the scores attributed, the professional intelligence tool will create a personalized profile for the patient and this information will be sent to the patient and to the medical team.

These new technologies also allow us to reach the younger generation, but the internet allows us all to access information. Exchange between people is fundamental to therapeutic education for a chronic disease, and the internet should be used to complement consultations and not as a stand-alone tool.