

Integrating Motivational Interviewing in Family Medicine Management of Pediatric Atopic Dermatitis: A Literature Review

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Abstract

Introduction: Pediatric atopic dermatitis imposes substantial clinical and family burdens, while treatment adherence is limited by caregiver concerns and complex routines. **Objective:** To evaluate the rationale for integrating motivational interviewing into family medicine management of pediatric atopic dermatitis. **Method:** A narrative review synthesized selected peer-reviewed literature on disease burden, adherence, family-centered care, behavioral counseling, and primary care implementation. **Result and Discussion:** Evidence supports structured disease assessment, therapeutic education, and collaborative communication. Motivational interviewing has improved adherence-related outcomes in other pediatric chronic diseases, but direct evidence in pediatric atopic dermatitis remains insufficient. Caregiver concerns about topical treatment and implementation barriers, particularly consultation time and training maintenance, warrant attention. **Conclusions:** Motivational interviewing is a plausible adjunct to evidence-based dermatological treatment, not an established substitute. Condition-specific trials and culturally adapted implementation studies are needed.

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Introduction

A two-year-old child with recurrent atopic dermatitis presents to a primary care clinic with persistent pruritus and sleep disturbances. Despite receiving appropriate treatment, the caregiver discontinued topical corticosteroids because of concerns about their safety. This clinical scenario illustrates the gap between prescribed treatment and its implementation at home. Atopic dermatitis is a common chronic inflammatory skin disease affecting children, particularly during early childhood (Langan et al., 2020); (Galli et al., 2020). Its substantial global prevalence and disease burden highlight the importance of effective long-term management (Jin et al., 2025); (Laughter et al., 2021); (Oh et al., 2025).

Beyond skin manifestations, pediatric atopic dermatitis is associated with psychological difficulties, sleep disturbances, and reduced quality of life for children and their families. Longitudinal and observational studies have reported associations between atopic dermatitis and mental health or behavioral difficulties (Kern et al., 2021); (Keller et al., 2021); (Kage et al., 2020). Sleep disturbances further contribute to the disease burden, while caregiving demands may disrupt family activities and well-being (Lee et al., 2023; Abdullah et al., 2023; Barbarot et al., 2022).

Although effective treatment guidelines and therapeutic options are available, maintaining treatment adherence remains a major challenge. Evidence-based management includes appropriate topical therapies and additional treatments according to disease severity (Sidbury et al., 2023; Chu et al., 2024; Ferrucci et al., 2023). A systematic review identified persistent barriers to treatment adherence, including insufficient education, practical difficulties, and concerns about medication safety (Dagenet et al., 2024). Topical corticosteroid phobia may lead caregivers to reduce or discontinue prescribed treatment despite evidence supporting its safety when used appropriately (Contento et al., 2021; Axon et al., 2021).

Family medicine provides an opportunity to address these barriers through continuous care, caregiver engagement, and shared decision-making (Fleming et al., 2020). Motivational interviewing is a collaborative, patient-centered counseling approach that explores ambivalence and strengthens motivation for behavioral change (Miller & Rollnick, 2012; Rollnick et al., 2022). Although this approach has demonstrated potential benefits in managing other pediatric chronic conditions, its specific application to childhood atopic dermatitis remains insufficiently established. Therefore, this narrative review aims to examine the rationale, available evidence, and practical considerations for integrating motivational interviewing into family medicine management of pediatric atopic dermatitis.

Method

This article used a narrative literature review design to integrate evidence from dermatology, behavioral medicine, pediatric chronic disease management, and primary care. Its reporting was organized around the principles of the Scale for the Assessment of Narrative Review Articles (SANRA), including a clear rationale, defined aims, transparent literature-search description, appropriate referencing, scientific reasoning, and presentation of relevant evidence. This was not a systematic review or meta-analysis; no exhaustive retrieval or pooled effect estimate is claimed.

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The source manuscript described searches of PubMed, Scopus, Cochrane Library, and Web of Science using terms such as “atopic dermatitis,” “motivational interviewing,” and “family-centered care.” The synthesis prioritized peer-reviewed clinical guidance, reviews, intervention studies, and implementation research directly relevant to pediatric disease burden, treatment adherence, caregiver perspectives, and motivational interviewing. Foundational material was retained where conceptually important. The source manuscript did not report reproducible search dates, full Boolean strings, screening counts, or a formal risk-of-bias assessment; these details cannot be reconstructed retrospectively.

Evidence was grouped thematically into clinical and family burden, assessment and adherence, motivational interviewing evidence, and implementation in primary care. Findings directly involving atopic dermatitis were distinguished from evidence transferred by analogy from other pediatric conditions. Because the included study designs and outcomes were heterogeneous, conclusions were interpreted qualitatively rather than presented as pooled causal effects.

Result and Discussion

Clinical and Family Burden

Pediatric atopic dermatitis has implications for symptoms, psychological wellbeing, and household functioning. Disease severity alone does not fully capture the consequences of itch, sleep disturbance, and treatment demands. Cohort findings on mental health and multinational evidence on family impact support routine attention to psychosocial needs alongside skin assessment (Kern et al., 2021; Barbarot et al., 2022). These observations justify a family-oriented approach but do not demonstrate that a particular counseling intervention improves eczema outcomes.

Clinical monitoring can combine disease activity and patient- or caregiver-reported impact. The Harmonising Outcome Measures for Eczema initiative supports standardized outcomes, while the Dermatitis Family Impact questionnaire focuses specifically on consequences for the household (Williams et al., 2022; Dodington et al., 2013). In family practice, these measures can help identify priorities for discussion, evaluate change over time, and support shared goals. Their use should be adapted to age, available time, and local validation rather than treated as interchangeable scales.

Treatment Effectiveness and Adherence

Guideline-based management remains the foundation of pediatric eczema care (Chu et al., 2024). Evidence on topical corticosteroid strategies supports appropriate, consistent use, while an umbrella review provides context for discussing treatment safety (Lax et al., 2022; Axon et al., 2021). Nevertheless, effective prescriptions do not ensure successful home administration. A pediatric systematic review identifies adherence as a persistent concern, and caregiver corticosteroid fears may compound missed applications (Dagenet et al., 2024; Contento et al., 2021).

These barriers should not be interpreted simply as a lack of knowledge. Caregivers may weigh perceived risks, competing responsibilities, cost, and the child’s resistance to treatment. Education is essential, but adherence planning should also include demonstration of topical application, practical routines, follow-up, and opportunities to revisit concerns. Motivational interviewing may complement these steps by eliciting caregiver priorities rather than replacing medical instruction.

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Motivational Interviewing and Transferability of Evidence

Motivational interviewing emphasizes partnership, acceptance, compassion, and evocation. Common communication skills include open questions, affirmations, reflective listening, and summaries. Applied to pediatric eczema, a clinician might ask what makes regular emollient or prescribed anti-inflammatory treatment difficult, acknowledge caregiver effort, and negotiate a manageable next step (Rollnick et al., 2022). Such an approach is consistent with family-centered care, but its clinical effectiveness must be tested rather than presumed.

Evidence from adolescent asthma suggests motivational interviewing can improve self-efficacy, medication beliefs, and adherence-related outcomes (Barikani et al., 2021). Findings from adolescents with type 1 diabetes similarly indicate potential gains in self-efficacy (Evcimen et al., 2021). These conditions share a need for sustained self-management, yet their interventions, outcome measures, and caregiver roles differ from topical eczema care. Therefore, these findings provide indirect support for feasibility and a rationale for research, not proof of efficacy in pediatric atopic dermatitis.

Dermatology-focused publications have proposed motivational interviewing as a relevant approach, but the source evidence does not establish a robust pediatric atopic dermatitis trial base (Lusilla-Palacios & Masferrer, 2016). Claims that motivational interviewing directly reduces eczema severity, scratching, or family distress should consequently be avoided unless supported by condition-specific intervention data. A defensible conclusion is that motivational interviewing may help address ambivalence about treatment and strengthen communication, with effects on disease outcomes still requiring evaluation.

Complementary Family Education and Behavioral Care

Structured therapeutic education has demonstrated benefits in pediatric atopic dermatitis and may improve disease management (Zhao et al., 2020). Educational interventions provide knowledge and practical skills; motivational interviewing addresses readiness, perceived barriers, and confidence in implementing those skills. The two approaches are complementary rather than competing.

Behavioral and psychological interventions have also been examined in eczema, although the certainty and relevance of effects differ across outcomes and study types (Singleton et al., 2024). It is important not to attribute the effects of education, habit reversal, or psychological treatment to motivational interviewing itself. Family physicians should match each component to a clearly identified clinical or behavioral need.

Implementation in Family Medicine

Practical integration may begin with brief structured conversations during routine visits. The clinician first assesses disease control and checks for red flags or complications; next, caregiver concerns and confidence are elicited; finally, a shared treatment goal is documented and reviewed at follow-up. This sequence preserves evidence-based clinical management while making room for behavioral barriers. It is a proposed clinical workflow, not a validated pediatric eczema protocol.

Clinician training does not automatically translate into sustained use. Research on motivational interviewing in pediatric practice describes favorable clinician perceptions, whereas primary care implementation research identifies a gap between intentions and

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routine delivery (Kammering et al., 2024; Hershberger et al., 2021). Appointment length, competing priorities, and skill maintenance should therefore be considered when evaluating feasibility. Training reinforcement, feedback, and team-based follow-up are reasonable implementation strategies, but local effectiveness and resource requirements remain uncertain.

Interpretation and Research Priorities

The evidence supports three distinct conclusions. First, childhood atopic dermatitis creates clinical and psychosocial burdens that justify integrated family assessment. Second, adherence difficulties are multifactorial and require communication as well as pharmacological guidance. Third, motivational interviewing has encouraging evidence in other pediatric chronic conditions but insufficient direct evidence in pediatric eczema. Distinguishing these levels of evidence prevents overstatement.

Future randomized or pragmatic studies should compare usual family medicine care with an explicitly described motivational interviewing intervention. Outcomes should include validated eczema severity, treatment adherence, caregiver concerns, family quality of life, and follow-up durability. Studies in Indonesia and other Asia-Pacific settings should also examine cultural expectations, family decision-making, consultation time, and training fidelity. Such work would determine whether the proposed integration improves clinically meaningful outcomes beyond education and standard care.

Study Limitations

This narrative review is limited by its non-systematic synthesis and the heterogeneous study designs, populations, and outcomes represented in the selected literature. The original search description lacks complete search dates, reproducible strategies, study-selection counts, and formal risk-of-bias assessment; therefore, selection bias and omission of relevant studies cannot be excluded. Much of the motivational interviewing evidence comes from asthma, diabetes, or general primary care rather than pediatric atopic dermatitis, limiting direct applicability. Differences in caregiver responsibilities, topical treatment routines, cultural context, and health-system resources further constrain transferability. Reported improvements in clinician perceptions should not be equated with demonstrated patient-level efficacy. Accordingly, this review provides an evidence-informed clinical rationale and research agenda rather than a definitive estimate of motivational interviewing effectiveness in pediatric eczema.

Conclusion

Pediatric atopic dermatitis requires management that addresses both skin disease and the family factors influencing sustained treatment. Available evidence supports structured assessment, guideline-based therapy, caregiver education, and attention to adherence barriers. Motivational interviewing offers a plausible collaborative communication strategy for family medicine, but evidence from other chronic diseases cannot establish its effectiveness for pediatric eczema. Condition-specific controlled studies and context-sensitive implementation evaluations are needed before routine adoption can be recommended on efficacy grounds.

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Declaration of AI Assistance

ChatGPT (OpenAI) was used to assist with language editing, structural revision, condensation, and reference formatting in response to peer-review comments. The authors must review and verify all statements, citations, and the final manuscript, and remain responsible for scientific accuracy, originality, and integrity.

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