

A new tool to improve delivery of patient-engaged care and satisfaction in facial treatments: the Aesthetic Global Ranking Scale

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Summary

Background Physicians face the challenge of individualizing aesthetic treatments in order to match the aesthetic needs of patients with their expectations.

Objective To review issues underlying patient satisfaction with minimally invasive aesthetic treatment and to present a patient-centric assessment tool (the Global Ranking Scale [GRS]) designed to set higher standards for patient consultation and treatment experience; ensure a comprehensive patient-centric aesthetic consultation process; and raise patient satisfaction with facial rejuvenation treatment.

Methods A review of the design and content of the GRS and its use as part of the wider Galderma Harmony Program. Results of a small survey of clinicians who have switched to the GRS, and case studies of patients who have used the tool, are also presented.

Results The GRS is used in ~500 clinics around the world. In a small survey, physicians who have used the GRS report that it has changed the way that patients are assessed and treated. While no patient survey was conducted, anecdotal evidence suggests that patients are satisfied with the GRS procedure and the outcomes of treatment.

Conclusions The GRS is a new patient assessment tool that is designed as a guide for clinicians to help ensure consistency in the quality of patient assessment and consultation in their clinics offering minimally invasive facial cosmetic procedures. Qualitative research suggests that it gives patients a better chance to achieve results aligned with their needs resulting in a higher level of satisfaction with aesthetic treatments, but this needs to be confirmed in a formal patient survey.

Keywords: patient assessment tool, facial rejuvenation, patient satisfaction, minimally invasive aesthetic treatment, consultation skills, Aesthetic Global Ranking Scale

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Introduction

Minimally invasive aesthetic procedures have become increasingly popular as an alternative to surgical procedures among an ever more diverse patient population.^{1,2} In the USA – the country with the highest number of plastic surgery procedures – there was a 154% increase in the number of minimally invasive procedures versus a decrease of 12% in surgical procedures in

2000–2014,¹ with facial treatments achieving the most rapid growth.¹ Treatment options include botulinum toxin type A (BoNT-A), soft tissue fillers, chemical peels, microdermabrasion, and light-based therapies. In the USA, BoNT-A and fillers are the leading aesthetic treatments, accounting for 6.3 and 2.2 million procedures, respectively, each year.¹

The efficacy of rejuvenation treatments can be measured scientifically with tools such as the Wrinkle Severity Rating Scale; however, patient satisfaction should also be a primary goal of the treatment outcome.^{3–5} Understanding individual patient's objectives and motivations for treatment, managing his or her expectations of treatment outcomes, and taking these factors into account when devising an individualized treatment plan are critical to achieving patient satisfaction.^{3,4,6–11} To facilitate this, patients and physicians must develop a relationship of trust in which the physician understands the opinions and preferences of the patient, and the patient respects the expertise of the physician when deciding to proceed with treatment.

Effective communication between physician and patient underpins such a relationship, but communication breakdown is common.^{4,10} This can occur when the physician's focus is on delivering treatments or their own aesthetic tastes rather than on the patient's concerns, preferences, desires, and values.^{4,10}

Patients undergoing aesthetic procedures behave as consumers, much more so than patients undergoing medical treatment. They actively seek out their treatment and will research and choose their preferred physician. They perceive aesthetic practitioners as service providers and expect them to provide a high-quality service.⁴ Meeting these high expectations consistently is a challenge. In this paper, we present a patient assessment tool – the Global Ranking Scale (GRS) – that is a guide designed to help clinicians achieve higher standards for patient consultation and treatment and raise patient satisfaction with the facial rejuvenation treatment experience.

Materials and methods

The Global Ranking Scale

This tool was developed by 18 international experts in medical aesthetics, including aesthetic physicians, plastic surgeons, dermatologists, a body image clinician, and an oculoplastic surgeon, and was tested in real-world settings over a period of 2 years. This work was supported by Galderma. Since the beginning of 2014, it has been integrated into clinical practices

across Europe, Brazil, Australia, South Korea, and Taiwan.

The GRS belongs to a wider patient-engaged consultation and treatment approach known as the Harmony Program,¹² which aims to optimize the communication between physician and patient, the relationship a patient has with the clinic, with the end result of the patient achieving a natural-looking result, aesthetically attractive with the right balance between improved skin quality, facial shape and structure aiming to achieve the best alignment between the patient's emotional well-being and physical appearance. The program utilizes a set of consultation and treatment strategy tools, including questionnaires to understand patient needs and motivation, facial mapping, and quantitative assessment tools (including the GRS). Galderma has conducted a survey of 19 physicians using the Harmony Program in Spain, Brazil, and Taiwan, which included some qualitative research on the GRS. The findings of this research are included in the Results section.

Format of the GRS

The GRS uses a simple, stepwise approach to the assessment and profiling of patients requesting minimally invasive procedures.

The tool provides a comprehensive skin analysis report on skin quality and type. It assesses nine aspects of facial appearance within four domains (skin quality, wrinkles, morphology, and volume) (Fig. 1). "Imbalance" refers to the profile, and "asymmetry" relates to frontal views of the face. Each facial aspect can be graded on a 4-point severity evaluation scale: 0 (none), 1 (mild), 2 (moderate), or 3 (severe). The grades are allocated subjectively by the assessing physician. The scores are plotted on a graphic that resembles a spider's web, and the points are then joined to create a unique profile that highlights the patient's treatment priorities (see Case studies).

Importantly, a key feature of the GRS is that, unlike questionnaires or intake forms, it is not a static clinical evaluation conducted by the physician or patient alone. The domain scores are jointly agreed upon, and therefore take into account the opinion of the patient as well as the clinical interpretation of the physician based on their clinical experience. Formalizing the role of the patient in this way ensures that the process follows the model of patient-engaged care.¹¹

The flexibility in the scoring approach differentiates the GRS from more fixed severity assessment tools such

Global Ranking Scale

For the four categories below, please:

- Grade the severity of each feature using the "Severity Evaluation Scale".
- Link the dots to better visualize your patient's treatment needs.



Comprehensive skin analysis

Skin quality

Please grade the severity of each feature:



Skin type

Please select the appropriate skin type of your patient

- | | | |
|---|---|--|
| <input type="checkbox"/> Type I: pale white or freckled | <input type="checkbox"/> Type II: white | <input type="checkbox"/> Type III: white to light brown |
| <input type="checkbox"/> Type IV: moderate brown | <input type="checkbox"/> Type V: dark brown | <input type="checkbox"/> Type VI: very dark brown to black |

Figure 1 The components of the Global Ranking Scale.

as the FACE-Q of nasolabial fold (NLF) severity scale, because the main objective with the GRS is to guide improved patient–physician communication rather than to provide a validated assessment of treatment outcomes per se. Indeed, during testing and in clinical use, by both beginners and experienced practitioners, it has been shown that the process of completing the GRS generates a conversation between the physician and patient, which helps the patient to identify, understand, and verbalize his or her goals. This discussion allows physicians to explore beyond the patient's opening statements and beliefs, and elicit concerns and anxieties that the patient may not initially reveal.¹³ Understanding a patient's motivations and ensuring that their expectations are aligned with what is

possible and within the doctors' capabilities are precursors of patient satisfaction.

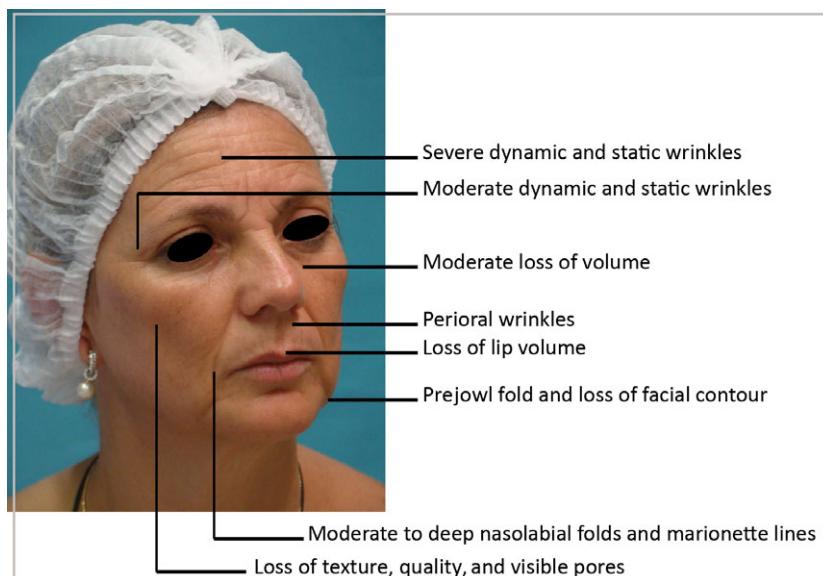
Finally, the tool is flexible, allowing exact usage to be tailored to physician and patient preferences such as using a mirror, photographs, or just conversation and clinical examination.

Translating the GRS findings into an individualized plan

The visual representation of the GRS provides a reference upon which to formulate an initial treatment plan by highlighting treatment priorities. By including the multiple elements visually in one graphic image, the GRS helps ensure that each aspect of the patient's facial appearance is evaluated and understood in the

Table 1 Summary of the potential benefits of the GRS

From a physician's perspective	From a patient's perspective
<ul style="list-style-type: none"> Confers flexibility. <ul style="list-style-type: none"> Can be used by a diverse group of practitioners including surgeons, dermatologists, aesthetic physicians, and specialist practitioners. Can be applied throughout all stages of patient management. Can be adapted to suit the personal preferences and current practices of the user. Promotes accurate identification of treatment needs. <ul style="list-style-type: none"> Provides structure to the consultation process, standardizes patient assessment, and increases the likelihood that the treatment plan reflects the agreed priorities. Stimulates the physician to re-evaluate existing patients – to see an 'old' patient as a 'new' patient. Aims at refining consultation skills to raise the quality of the consultation. <ul style="list-style-type: none"> Stimulates dialogue between physician and patient building rapport and trust that reaches beyond the individual consultation, thus establishing a partnership relationship. Promotes a better understanding of patient perceptions and expectations, which then feed into a more relevant treatment plan and better satisfaction with treatment and outcomes. Acts as a useful educational tool for the physician to use with the patient – better informed patients are more likely to accept treatment proposals. 	<ul style="list-style-type: none"> Encourages physicians to deliver 'best practice' consultation and treatment approaches. Promotes a holistic, patient-engaged approach by the physician. <ul style="list-style-type: none"> Patients can have some ownership of their treatment plan. Putting patients at the center of their treatment planning increases the likelihood of achieving the results they desire. Helps to open channels of communication between patient and physician, enabling the patient to become more informed and therefore have more realistic expectations. Helps patients to focus on their self-analysis, to communicate their goals and preferences more effectively. Assists development of a personalized, cost-effective treatment plan to achieve desired results within an appropriate timeframe and budget. Helps patients to understand their treatment plan and what to expect, which could reduce anxiety and increase the likelihood of satisfaction with their treatment. Helps patients have a sense of ownership of the treatment plan. Emphasizes creation of a balanced, natural and harmonious effect. Enables patients to judge treatment effects for themselves in a highly visual manner.

**Figure 2** Patient appearance on initial presentation. Female, aged 54.

context of the four domains, in accordance with modern thinking concerning aesthetic outcomes.

Several clinical studies have documented enhanced patient satisfaction with combination therapy.^{3,6,8,11,14–17} Indeed, a combination regimen is intuitive given the

complex, multifactorial nature of facial aging and the limitations of each individual treatment technique.^{3,6} This is something that patients are increasingly accepting of, along with the need for the treatment plan to be delivered over multiple sessions.^{3,11,18}

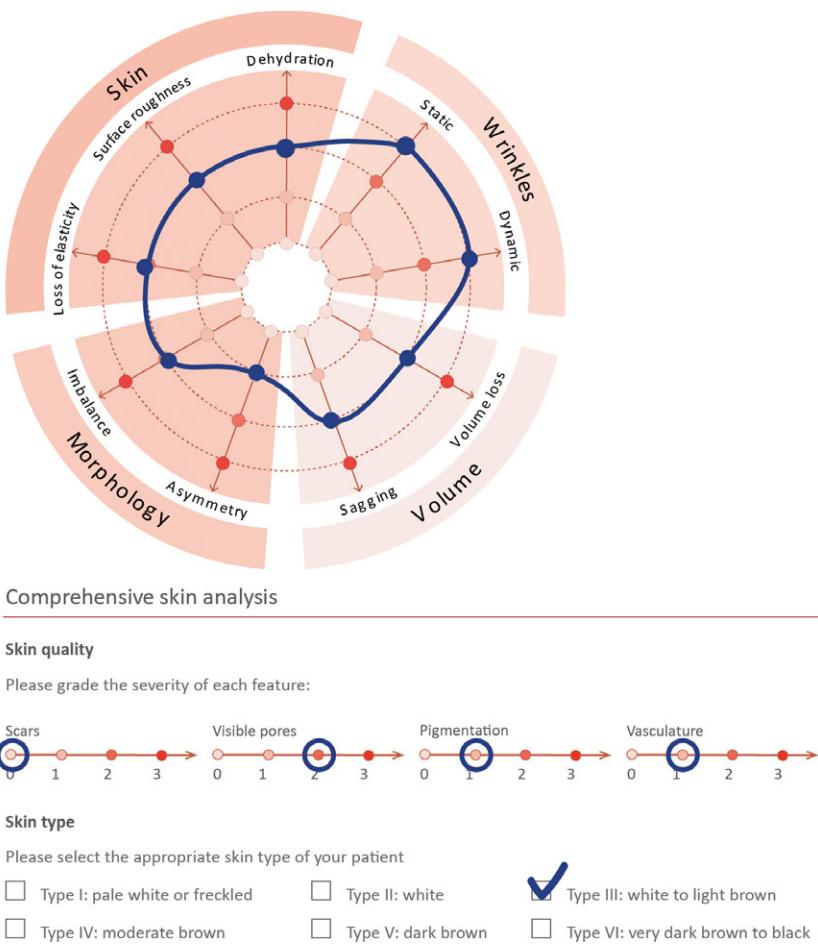


Figure 3 Baseline Global Ranking Scale profile.

A benefit of the GRS is that it can be used as a patient education tool to clarify which domains on the plot would be targeted at each treatment session and how much improvement could be expected. Ensuring that patients understand the expected result and duration of the effects helps them to make an informed decision about treatment.¹¹ It is also important to raise potential side effects, complications, and limitations of the chosen treatments.^{6,7}

The agreed treatment plan should define the treatment objectives and their rationale, and the order in which each objective will be addressed.¹¹ The interval between sessions may vary according to the issue being addressed, the type of products being used, the timeframe required to achieve the patient's desired look, how much follow-up will be needed to maintain the effects (i.e., based on the onset of effect and duration of effect of the chosen products), and the personal preferences of the patient.^{6,11,18}

Using the GRS to inform follow-up sessions

The GRS can be applied to each stage of patient management, from initial consultation through treatment sessions to follow-up. At follow-up consultations, it provides feedback on the effectiveness of the chosen treatment plan, helping to maintain consistency and structure during consultations.

In practice, the web-shaped graphic changes shape and size as the severity ratings reduce during treatment. The pattern of treatment priorities can alter after each treatment session; as one priority area improves, another will increase in priority. For example, an initial GRS plot may highlight a score of 3 (severe) on dynamic wrinkles. Treatment with BoNT-A might reduce the wrinkle score to 1: this may leave volume loss and sagging scores of 2 (moderate) as the next priorities to be addressed.

The sequential GRS plots can also trigger adjustments to the treatment plan, for example, if the outcomes

Table 2 Agreed treatment plan

(a)			
Treatment session	Session I	Session II (3 months later)	Session III (9 months later)
Treatment focus	Dynamic and static wrinkles. Deep rhytides (nasolabial fold [NLF] and marionette). Skin quality	Volume loss. Lips and perioral wrinkles. Skin quality	Dynamic and static wrinkles. Skin quality
Treatment rationale	Dynamic and static wrinkles were causing a tired/angry appearance. NLF and marionette lines included as these were priority areas for the patient. Cross-linked hyaluronic acid (HA) skin boosters are a multistep treatment, and improving her skin quality would make her look more rested	Due to moderate malar volume loss, lifting the cheeks would give a refreshed look and improve the NLF. Lips showed volume loss, and wrinkles made her look older. Second session of cross-linked HA skin boosters	Follow-up sessions of BoNT-A were suggested as maintenance (every 6 months based on clinical need and budget). Cross-linked HA skin booster microinjections for skin quality
Treatments planned	BoNT-A, HA dermal fillers, and cross-linked HA skin boosters	Two types of HA dermal fillers and cross-linked HA skin boosters	BoNT-A, cross-linked HA skin boosters

(b)			
Treatment session	Session I	Session II (2 weeks later)	Session III (2 weeks later)
Treatment focus	Volume loss, facial imbalance, and dynamic lines	Volume loss, sagging, and elasticity of skin	Wrinkles and skin quality
Treatment rationale	The most severe deformity was the volume loss; the first treatment focused on this issue	The focus of the second treatment was volume restoration to lift the midface	The skin roughness and dehydration needed to be targeted to improve the skin quality and further enhance the outcomes of the first and second sessions
Treatment given	Two types of hyaluronic acid (HA) fillers (using products and injection techniques suited to specific treatment areas)	One type of HA filler (using products and injection techniques suited to specific treatment areas)	Cross-linked HA skin booster microinjections to reduce pores and scar marks and to make skin appear more hydrated and supple

(c)			
Treatment session	Session I	Session II (5 months later)	Session III (4 months later)
Treatment focus	Volume loss and skin elasticity	Skin elasticity and dynamic wrinkles	Overall appearance
Treatment rationale	To restore lost volume around the brow and improve skin elasticity	To improve skin quality and reduce wrinkles	To further enhance the outcomes of the first and second sessions
Treatment given	Treatment with an hyaluronic acid (HA) filler and cross-linked HA skin booster (using products and injection techniques suited to specific treatment areas)	A cross-linked HA skin boosters to improve skin elasticity and BoNT-A injections given to address dynamic wrinkles	BoNT-A injections, cross-linked HA skin boosters

were not as expected or if the patient's goals change. It also provides a method for patients and physicians to systematically review the patient's aesthetic status over the longer term (e.g., every 6–12 months) to identify any ongoing needs or new issues, or to verify the effectiveness of the original plan.

Increasingly, "before and after" imaging technology (including 3D, ultrasound, and high-resolution

photographic imaging) is used to record changes in appearance. This type of documentation is important but, alone, may fail to capture the patient's and physician's impressions of the results of treatment.⁵ Combining "before and after" imaging with the GRS documents the changes in a quantitative manner.

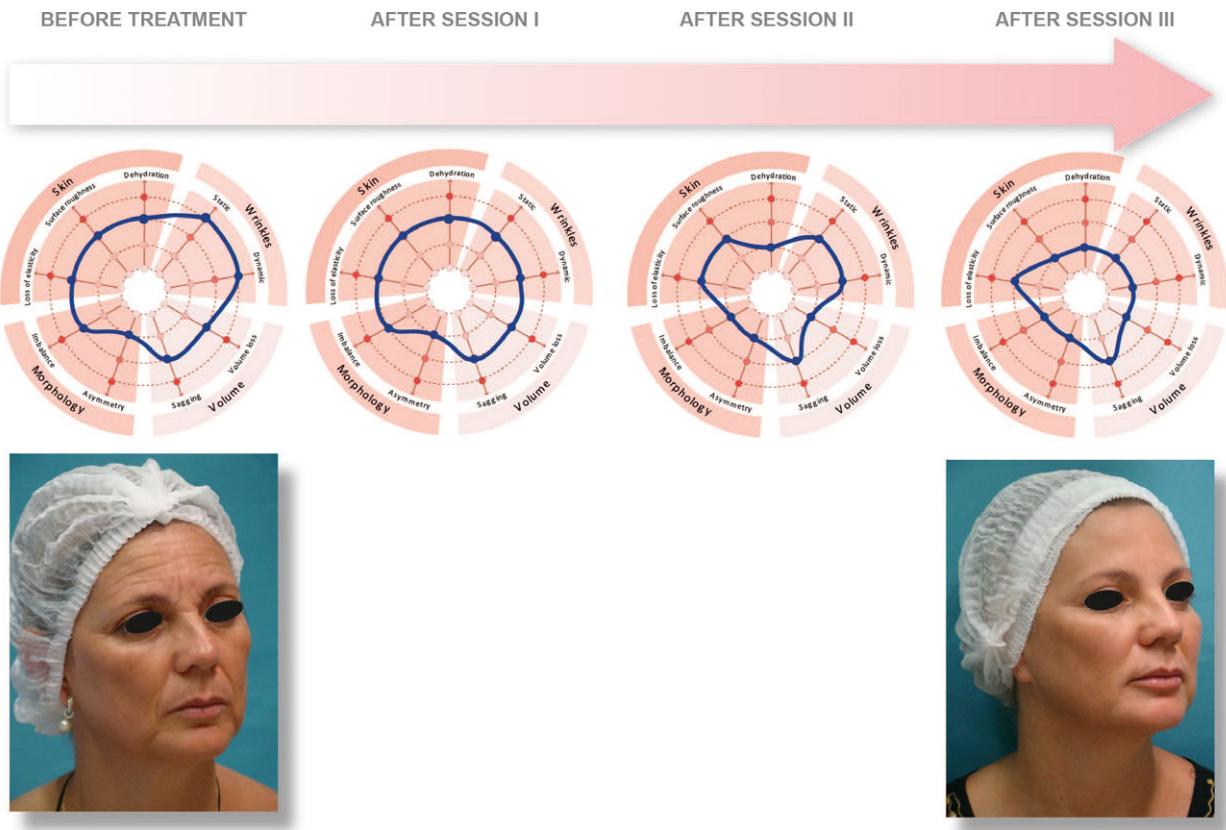


Figure 4 Global Ranking Scale profiles following each treatment session. See Table 1 for details of each treatment session.

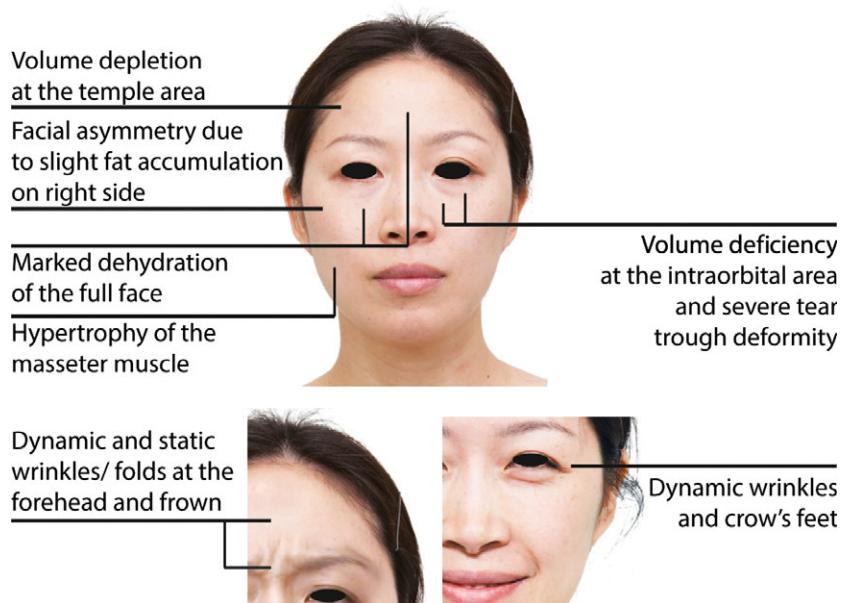


Figure 5 Patient appearance on initial presentation. Female, aged 34.

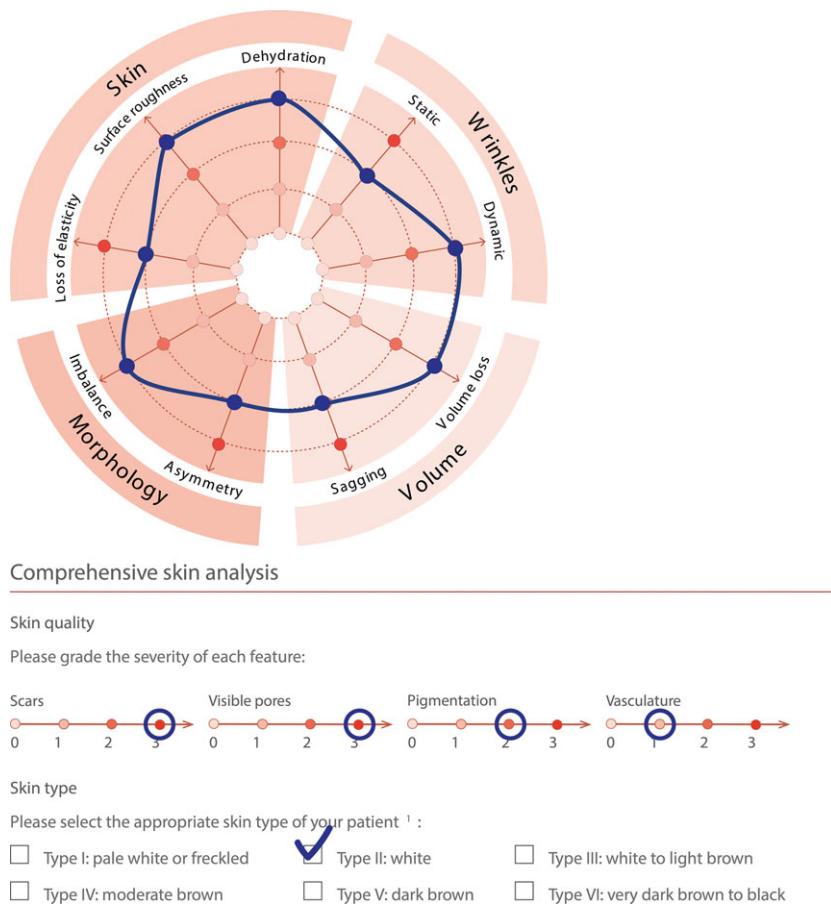


Figure 6 Baseline Global Ranking Scale profile.

Results

More than 500 clinics around the world are currently using the GRS as part of Galderma's Harmony Program. Qualitative results from the Harmony Program survey show that consultations typically last for approximately 30 min and that a majority of the participants find that the GRS allows them to make a more detailed assessment of patients' needs and expectations and to devise a course of treatment to best meet those needs.

Experience from clinical case studies has shown that the GRS has multiple benefits that extend beyond a role in patient assessment (Table 1). Its use also facilitates communication between physician and patient; encourages development of a targeted treatment plan that helps to prioritize treatment issues, identify the most appropriate treatments; and promotes delivery of patient involvement and engagement.

Case studies

The following educational case studies have been provided by the authors and are intended for an international audience who may use a variety of therapies. Always refer to the relevant guidance for your chosen therapy and the Summary of Product Characteristics or Instructions for Use applicable to your country.

According to their requirements and country-specific regulations, the patients in these case studies received treatment with BoNT-A (Azzalure/Dysport, Galderma), hyaluronic acid (HA) fillers (Restylane or Emervel, Galderma), and/or cross-linked HA skin boosters (Restylane Vital, Galderma) as indicated.

Case study 1 – Improving severe wrinkles and facial aging
The first case study was a 54-year-old woman, with no history of prior aesthetic treatment. She was dissatisfied about how quickly her face had aged in the previous

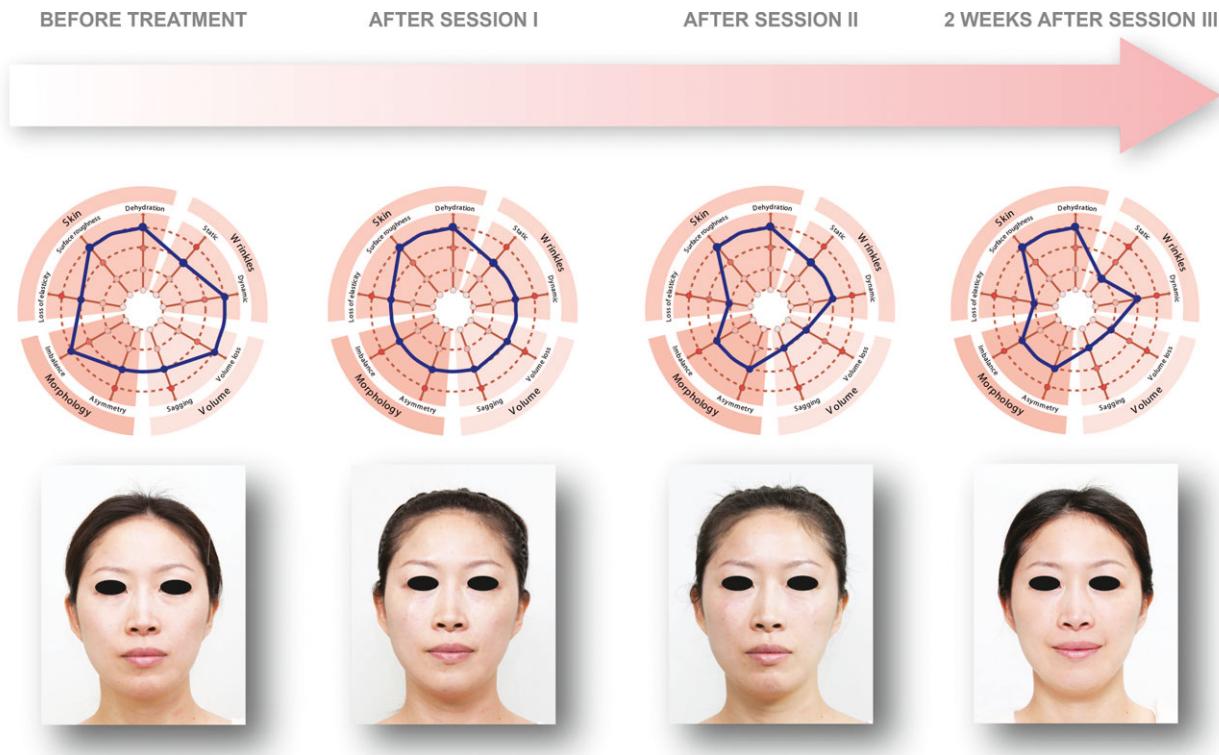


Figure 7 Global Ranking Scale profiles and patient appearance before, during, and after treatment.

5 years, and was upset when people commented that she looked tired. Evaluation indicated that the patient's face appeared much older than her chronological age. The physician noted excessive and severe static wrinkles, midface sagging with deep NLFs, marionette lines, perioral wrinkles, and loss of lip volume (Fig. 2).

The physician and patient completed the GRS together. Dynamic wrinkles were identified as the greatest treatment priority, the only domain scored as severe. All other features on the GRS, with the exception of asymmetry, were scored as moderately severe. In terms of skin quality, the patient had moderately severe enlarged pores, mild pigmentation, and vasculature issues (Fig. 3).

Discussions revealed that she was concerned about whether treatment would make a significant difference, reflecting its cost. A personalized treatment plan was identified and discussed with the patient (Table 2a). The physician recommended the use of BoNT-A to improve wrinkle appearance as a first priority, followed by treatment of marionette lines and NLFs with HA fillers to reduce the impact of volume loss on her current appearance. The physician also recommended that volume-restoring treatment with injections of HA to the malar region, lips, and perioral region at a later

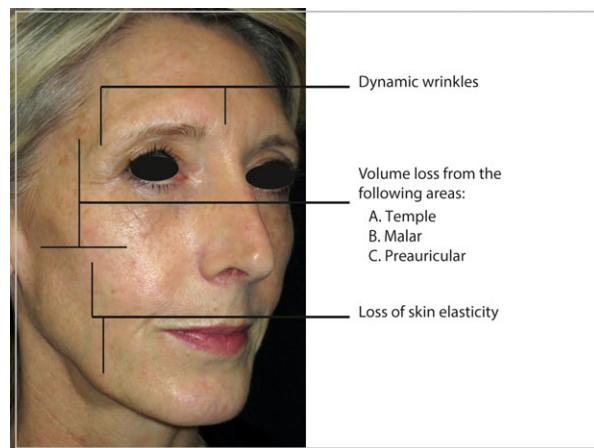


Figure 8 Patient appearance on initial presentation. Female, aged 49.

treatment session, to enhance the harmony and balance of the overall facial appearance. She agreed to include this area as a treatment target. Follow-up injections of BoNT-A and cross-linked HA skin boosters at six-month intervals were recommended as part of a maintenance treatment plan, according to need and budget.

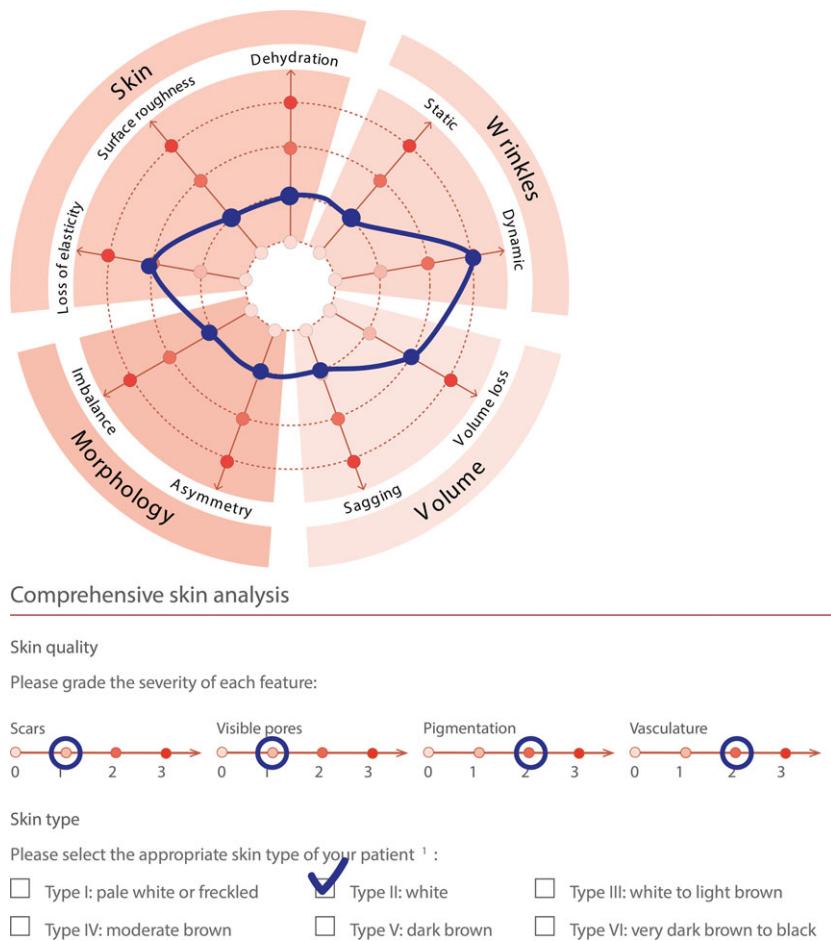


Figure 9 Baseline Global Ranking Scale profile.

Treatment was given as per the original plan. Clinical evaluation and the GRS plots both showed a marked reduction in wrinkles after the first treatment session and the patient was highly motivated to continue her treatment. After the third treatment session, she had a noticeable improvement in her appearance, with reduced severity of wrinkles and improved volume and skin texture giving her a refreshed, youthful look (Fig. 4). She reported feeling much happier about her appearance and was pleased that people were commenting on how well she looked.

Case study 2 – Improving volume loss through facial augmentation

The second case study was a 34-year-old woman who sought treatment to make her look younger and less tired. She explained that she wanted to have a more energetic and vibrant appearance. She was highly motivated toward treatment as she was easily affected

by what others said about her appearance. Despite previous treatment with HA filler injections for volumization of the midface and improvement in the nasolabial region, her concerns about her appearance remained.

Dynamic forehead wrinkles and crow's feet lines could be seen at frown and smile, and there were static wrinkles on the forehead. There were volume deficiency in the infraorbital area and severe tear trough deformity. Her physician noted prominent asymmetry in the lower face, with volume loss and loss of elasticity on the right midface compared with the left, plus a lighter upper face versus a heavier lower face (Fig. 5).

Through completion of the GRS (Fig. 6), the patient revealed that she was particularly concerned about the appearance of the area around her eyes. She expected immediate treatment results, but was anxious about whether her appearance could be changed sufficiently, as she had not been fully satisfied with previous therapy.

A personalized treatment plan was proposed, comprising three treatment sessions and a follow-up session scheduled for 2 weeks after Session III (Table 2b).

The recommended treatment was given as per initial plan. It helped to improve the contour of the patient's face as well as her skin texture, providing a smoother and more youthful look. Improvement in the relevant aspects of skin appearance was clear on the repeat GRS plots, with severity ratings reducing after each session and on two-week follow-up (Fig. 7).

The patient said that she was very satisfied with the treatment results and felt more confident about her appearance.

Case Study 3 – Improving volume loss and dynamic wrinkles

This patient was a 49-year-old woman who had a history of prior treatment with BoNT-A and fillers. She had ongoing concerns about her appearance and was motivated by a desire to look younger. She wanted people to comment positively on her appearance and not judge her differently from how she described herself – a positive, friendly, and engaged person. She expected immediate treatment results, but at the same time was anxious about the success of the treatment as she had been dissatisfied with previous treatments at a different clinic.

The physician's assessment revealed moderate dynamic forehead wrinkles and volume loss in the midface, with some evidence of sagging and loss of elasticity (Fig. 8).

Figure 9 shows the results of the GRS evaluation that the physician and patient completed collaboratively. Dynamic wrinkles and volume loss were scored as severe due to the level of distress these features were causing the patient.

A personalized treatment plan was identified, which took into account the patient's desire for rapid results (Table 2c). Three sessions were planned, initially targeting volume loss and skin elasticity, then two sessions directed at the problem areas of skin quality and dynamic wrinkles.

Treatment reduced the dynamic wrinkles and volume loss, as clearly shown by the GRS plots (Fig. 10). The patient was very pleased with the results at the end of the three-session treatment process, and the physician discussed future treatments and maintenance plans at the follow-up consultation.

Discussion and conclusions

It has been established that quality of patient care, greater personalization of treatment plans, and effective

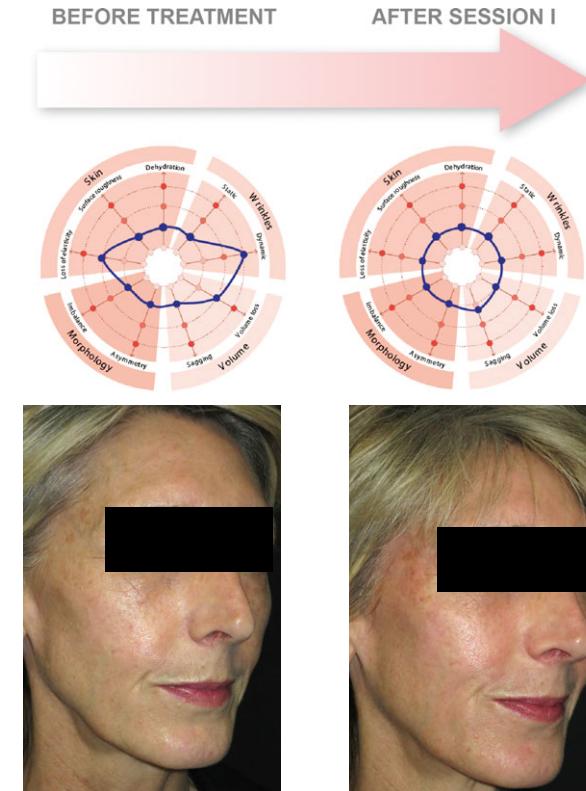


Figure 10 Global Ranking Scale profiles and patient appearance before and after treatment Session I.

physician–patient communication can maximize patient satisfaction with cosmetic treatment and the overall cosmetic surgery experience.^{3,6–9} However, few consultation tools have been developed to assist aesthetic practitioners in these endeavors.

The GRS is a simple, time-efficient, and effective patient assessment tool designed as a guide for clinicians to complement and enhance clinical practice. It is suitable for use by practitioners of varying experience and backgrounds and able to fit alongside current clinical practices. Its visual format enables easy identification of treatment priorities to inform personalized treatment plans and, in combination with photographic images, to provide documented evidence of aesthetic results, which has proved invaluable in motivating patients.

Patient-centered care is a concept that is often talked about in health care,¹⁰ but which is not yet fully integrated into aesthetics. Consumers have high expectations when seeking aesthetic procedures, and have concerns about the results that can be achieved. Qualitative research indicates that use of the GRS within the Galderma Harmony Program can help patients and

physicians by improving patient assessment and consultation quality in clinics offering facial rejuvenation procedures. A next step would be to conduct a formal survey of practitioners and patients to confirm these findings.

Author disclosures and conflicts of interest

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