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**Readability of online Spanish-language patient education materials in dermatology**

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Background: Decreased health literacy is associated with worse outcomes for a variety of dermatologic conditions. Hispanic adults have the lowest average health literacy of any racial or ethnic group in the United States. Although patients are increasingly using online patient education materials (PEMs) for dermatologic care, limited information exists regarding the readability of these resources.

Objective: To evaluate the readability of online Spanish language dermatologic PEMs.

Methods: Online Spanish-language PEMs relevant to dermatology were gathered from the United States National Library of Medicine MedlinePlus health library and top Google, Yahoo, and Bing search results for "Spanish patient education dermatology." Spanish text was then analyzed for readability using two validated programs: Spanish Lexile Analyzer and Índice Flesch-Szigriszt (INFLESZ). Pearson correlation coefficient was used to examine association between the two readability scales. Single-factor analysis of variance with each readability scale was performed to determine variability between PEMs.

Results: A total of 254 Spanish-language PEMs were collected and analyzed from nine online sources. The average article length was 601 words. The average Lexile measure was 1005L (SD = 144L) and the average INFLESZ score was 64.60 (SD = 7.53). Readability varied based on the source of information ( $P < .001$ ), and readability scores equated to an 8th-10th grade reading level.

Conclusions: Online Spanish-language PEMs related to dermatology are generally written at a reading level that exceeds national recommendations. This may reduce comprehension for Hispanic patients and may be associated with poorer outcomes. Targeted initiatives to address and improve online health information access for Spanish speaking patients are warranted.

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**Public perception of the treatment of hair conditions: Results from a population-based national survey**

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Background: Hair loss can be distressing and negatively impact a patient's psychosocial well-being. No studies in the United States have evaluated the general public's awareness that dermatologists treat hair conditions.

Objective: The objective of this study was to determine what percentage of the US public is aware that dermatologists treat conditions of the hair.

Methods: Data were collected from 100 participants via a telephone survey consisting of 5 questions aimed at determining awareness that dermatologists treat hair conditions. To obtain a representative sample of the US population, a validated method for random digit dialing was used.

Results: Nearly half (48%) of participants were "unsure" if dermatologists treat hair conditions; 11% of participants stated dermatologists do not treat hair conditions. Overall, females were more aware than males that dermatologists treat conditions of the hair (45% vs 37%, respectively). Only 11% of surveyed participants stated they would first seek advice from a dermatologist if they started experiencing hair loss.

Limitations: Small sample size.

Conclusions: The majority of the general public is either unsure or does not believe that dermatologists treat hair conditions, and only a minority of people who started experiencing hair loss would first seek advice from a dermatologist. We surmise that better education of the community will translate into more timely and appropriate treatment of hair conditions. Future directions of this study could include educating hairstylists and primary care providers on the prevalence of hair loss and the important role dermatologists play in managing conditions of the hair.

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**Treatment patterns for psoriasis in geriatric patients: A single-institution retrospective review of 496 cases**

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Background: Data on psoriasis management in the elderly population is limited.

Objective: To investigate real-world psoriasis treatment patterns among the elderly.

Methods: A retrospective chart review was performed for 496 geriatric psoriasis patients (>65 years) between 2004 and 2019 at the University of California San Diego Health Dermatology Clinic.

Results: Among 496 patients, 56.5% had mild psoriasis (BSA <3%), 28% moderate (BSA 3%-10%), and 15.5% severe (BSA >10%). The most common subtypes were plaque psoriasis (80.8%), scalp psoriasis (41.9%), and nail psoriasis (10.3%). Regarding management, 472 patients (95.2%) were treated with topicals, 75 (15.1%) with phototherapy, 78 (15.7%) with biologics, and 98 (19.8%) with traditional systemic therapy. The most commonly prescribed systemics were methotrexate, apremilast, and acitretin; the most commonly prescribed biologics were adalimumab, etanercept, and ustekinumab. 37.5% (66/176 patients) discontinued biologics and/or systemics for at least 1 year. The most commonly discontinued medications were acitretin, methotrexate, and adalimumab due to adverse effects or poor control. The rate of adverse events (including infections) among patients on biologics and systemics was 39.7% and 46.9%, respectively. The most commonly reported events were liver toxicity and infections (upper respiratory and urinary tract).

Conclusions: Topicals are the most commonly prescribed treatment for geriatric psoriasis patients. The elderly may be at a higher risk for adverse events/infections than those younger than 65 years. This study may aid clinical decision making when choosing appropriate therapy for geriatric psoriasis patients. Further research is warranted to corroborate these findings in a larger population.

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14066

**Pharmacokinetics, safety and efficacy of ixekizumab in Chinese patients with plaque psoriasis: Results from a phase 1 single- and multiple-dose study**

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Objective: To investigate the pharmacokinetics (PK), safety and efficacy of ixekizumab after single and multiple subcutaneous (SC) doses in Chinese patients with moderate to severe plaque psoriasis.

Methods: In this multicenter open-label study, patients received ixekizumab 80 mg SC in single-dose phase (SDP). Patients in multiple-dose phase (MDP) received 160 mg SC ixekizumab at week 0 and then 80 mg every 2 weeks (q2w) or q4w for an 8-week treatment period.

Results: 12 and 29 patients were enrolled into SDP and MDP, respectively. The geometric mean (CV%) AUC(0-14 days) was 69.4 (45%)  $\mu\text{g}^{\cdot}\text{day}/\text{mL}$  after a single 80 mg dose in SDP, and 171 (31%) and 150 (24%)  $\mu\text{g}^{\cdot}\text{day}/\text{mL}$  after a single 160 mg dose in the MDP q2w and q4w groups, respectively. At week 8 of, MDP, AUC(0-14 days) was 224 (25%)  $\mu\text{g}^{\cdot}\text{day}/\text{mL}$  for q2w, and AUC(0-28 days) was 213 (29%)  $\mu\text{g}^{\cdot}\text{day}/\text{mL}$  for the q4w. Ixekizumab was well tolerated by patients in both SDP and MDP (91.7% and 79.3% of patients reported at least one AE). Most AEs were mild to moderate. No patient discontinued due to AEs. At week 12 of MDP, PASI 75/90 response rates were 100% and 85.7% for q2w, and 93.3% and 80.0% for q4w group, and sPGA (0, 1) responses were 100% and 86.7% for q2w and q4w, respectively.

Conclusions: The PK of ixekizumab in Chinese patients with psoriasis is in the same range as previously reported PK in non-Chinese patients. After 8 weeks of ixekizumab treatment, clinically relevant responses and an acceptable safety profile were observed in Chinese patients with moderate to severe plaque psoriasis.

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