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**IgA expression in adult cutaneous leukocytoclastic vasculitis and its effect on outcome**



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**Background:** Leukocytoclastic vasculitis (LCV) is a small vessel inflammatory disorder thought to be mediated by antibody-complex deposition. Previous studies have shown that patients with LCV and IgA deposition on direct immunofluorescence (DIF) are more likely to develop systemic co-morbidities and refractory disease, while other studies suggest that DIF in LCV has limited diagnostic value. Although certain cases may warrant DIF, data assessing IgA status in LCV patients and its impact on clinical outcome is lacking. We investigated whether routine DIF for initial diagnosis of acute LCV is associated with significant kidney involvement, prolonged hospital stays, and increased inpatient mortality in patients with IgA+ compared with IgA- LCV.

**Methods:** Retrospective cohort study using dermatologic consultation data from 2012-2018.

**Results:** We identified 63 patients with biopsy-proven LCV, 32 of which had IgA on DIF. Patients IgA+ vs IgA- LCV had similar hospital stays (16.9 vs 11.5 d), baseline creatinine (1.8 vs 1.9 mg/dL), creatinine after 1 year (1.3 vs 1 mg/dL), and readmission rates (31% vs 39%). Both groups had a mortality of 6% while inpatient and 16% within 30 days. Patients with IgA+ vasculitis were more likely to present later after hospital admission (6.7 vs 2.2 d).

**Conclusions:** To date our data suggests that adult patients with IgA+ versus IgA- LCV have similar risks of kidney impairment and hospital outcomes, although requires greater power to exclude small differences. The later time to presentation may support the reactive nature of IgA+ vasculitis. Further analysis is needed to confirm these results.

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**Self-reported patient-perceived barriers to care in psoriasis treatment**



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**Introduction:** Previous research has described physician prescribing patterns and physician experiences that might result in barriers to treatment of patients with psoriasis. While some research dedicated to patient-identified barriers exists, the global psoriasis patient population remains undertreated, and would benefit from further clinical investigation. Self-reported barriers of patients to care and the impact of disease severity on that aspect of the patient experience are important impediments to consider.

**Methods:** In an IRB-approved in-person paper survey of 42 patients with psoriasis, patients were asked to self-report pre-treatment disease severity into 3 categories: mild (<3%, BSA), moderate (3%-10%, BSA), severe (>10%, BSA) and answered questions regarding barriers to care in the treatment of their psoriasis.

**Results:** Of 42 subjects (mean age 52.1 years old; 64.3% male, n = 27) the most reported barriers were: lack of awareness of treatment options (52%, n = 22), fear of medication side effects (50%, n = 21), and lack of belief in treatment efficacy (41%, n = 17). Patients with more severe disease were less likely to believe in the efficacy of treatment than those with moderate or mild disease (58.82% vs 25% and 33% respectively, P = .384). **Discussion:** In this era of highly effective therapies for psoriasis, the majority of patients we surveyed may have benefitted from more information regarding treatment options. Our study is limited by a small sample size and selection bias. Further investigation into patient-reported barriers to care may help to improve the experience of current psoriasis patients.

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**A closer look at drug adherence rates of acne vulgaris medications in the Humana insurance population—A retrospective analysis**



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**Background:** Treatment of acne vulgaris, a chronic skin disease that negatively affects quality of life, can be challenging due to poor medication adherence. Few studies have evaluated factors associated with acne medication adherence at a nationwide level. This current study quantitatively assesses the adherence rates of acne medications of the Humana Insurance database population.

**Methods:** A retrospective analysis was performed utilizing the Humana Insurance database. Patients with acne vulgaris were identified using International Classification of Diseases codes and followed for 1 year after the first drug prescription. Medication adherence was measured using the medication possession ratio. The following drug types were assessed: retinoids, antibiotics, comedolytic medications, and combinatory medications. Adherence rates were analyzed with univariate analyses.

**Results:** There are 324,618 patients and 157,630 (49%) were adherent to their treatment. The most adherent medications were oral retinoids (82% adherence overall) with generic isotretinoin as the most adherent medication (90% adherence). The least adherent medication was salicylic acid (20% adherence). Oral medications had more adherence (51% adherence) relative to topical medications (43% adherence; P < .001). Females are more adherent (65% adherence) relative to males (33% adherence; P < .001). Lastly, patients that were no more than 20 years old were more adherent (55% adherence) relative to patients older than 20 years (54% adherence; P < .001).

**Conclusions:** Adherence rates were mostly poor, but adjustable. More attention needs to be addressed on better education to increase male and older patients medication adherence.

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**Quality of life in patients with vitiligo: Results from a global patient survey**



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Vitiligo, a common skin disease characterized by depigmentation, is associated with significant quality of life (QoL) impairment in routine activities, employment, and psychosocial health. The objective of this global population-based survey was to understand the disease burden in patients with vitiligo related to QoL. Participants were aged ≥18 years and were part of an online survey in Europe, the United States, and Japan. Participants with self-reported physician-diagnosed vitiligo were asked to respond to the validated Vitiligo-Specific Health-Related Quality of Life (VitiQoL) instrument. The VitiQoL domains were assessed independently and summarized by total score (higher scores indicate poor QoL). There were 219 participants who self-reported formal vitiligo diagnosis and participated in the full survey. The majority were aged <45 years (68.9% [n = 151]), female (54.1% [n = 118]), and Caucasian (77.7% [n = 146]), and self-reported light brown skin on the Fitzpatrick scale (type 3; 40.2% [n = 88]). Most patients described the extent of vitiligo as low (1-2 on Likert scale [1-6]; 63.9% [n = 140]). Analysis of VitiQoL total scores indicated worse QoL among patients with high extent of disease (median 79 [n = 23]) and in patients who started with stable disease that quickly spread later in life (median, 74, [n = 62]). Patients who reported using ≥1 treatment (ie, prescription [off-label] and nonprescription products, surgery, phototherapy; 89.0% [n = 195]) reported higher QoL scores (median 51) than those with no treatment (median 11). This is the first known study to examine the correlation between vitiligo disease characteristics and QoL on a global scale and provides additional evidence of the burden of vitiligo.

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