17015

Missed opportunities for shared decision making among patients with atopic dermatitis and their clinicians

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Background: Despite increased armamentarium for management and the burden of disease, atopic dermatitis (AD) remains undertreated. Patients feel unheard by their clinicians (HCPs); therefore, improving communication between patients and HCPs is critical. We collaborated with the Asthma and Allergy Foundation of America to create shared decision making (SDM)—focused education that serves to identify areas of disconnect between patients and HCPs that hinder collaboration.

Methods: Two tracks of education were created uniquely for patients/caregivers (P/C) and HCPs. Both activities covered similar topics, including SDM, AD's chronicity, and treatment. Competence and knowledge questions were administered and response patterns from HCPs were compared with those of P/C.

Results: As of 9/2019, 921 HCPs and 4881 P/C participated. Of those who responded to the questions, 27% HCPs (n = 335) and 28% P/C (n = 252) could not correctly identify the manifestations of AD. More than half (51%) of HCPs favored immunosuppressants over targeted approach for moderate to severe AD. In contrast, the majority of P/C demonstrated awareness of dupilumab and inquired about it. As many as 20% of HCPs believed AD can be cured with drugs alone, while almost all P/C were interested in behavioral approaches. Nearly all (85%) P/C responded that SDM was important. In contrast, the fact that 68% of HCPs overestimated adherence level suggests lack of communication with patients.

Conclusions: Critical areas of communication and missed opportunities for SDM were identified regarding AD disease manifestations and its management. Education should reach beyond learning and teach practical strategies for SDM.

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17019

Screening of depressive disorders in a group of patients with seborrheic dermatitis of a dermatologic center of Bogotá, Colombia

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Background: Nowadays, it is increasingly popular among researchers to evaluate the relationship between stress and skin problems, and how these can affect the quality of life, leading to reports that at least one-third of dermatologic disorders are correlated with emotional disorders; However, there are few studies focused on seborrheic dermatitis in Colombia.

Design: Observational, descriptive, and transversal.

Methods: 87 adult patients who were diagnosed with seborrheic dermatitis at a dermatologic center in Bogota from September 2018 to July 2019; The PHQ-2 (Patient Health Questionnaire 2) depression screening scale was applied, and in those patients with a positive result (score more significant than 3) it was complemented with the PHQ-9 scale.

Results: It was found that the most of the population was female (62%, n = 58). The PHQ-2 scale was applied to the whole, observing that 14% (n = 12) obtained a positive score, which is why the PHQ-9 scale was used, finding that of these; 41% (n = 5) of the patients presented moderate to severe depressive symptoms and 8% (n = 1) had severe depressive symptoms, which were referred for multidisciplinary management by psychiatry and psychology.

Conclusions: Today there are numerous simple tools to apply that allow assessing the quality of life of patients but also their possible association with psychiatric diseases, such as the PHQ-2 and the PHQ-9 scales; the latter allows stratifying the severity of depressive symptoms based on being mild, moderate, moderate to severe, or severe. Tools that should motivate us for its use and the overall search well-being of our patients.

Commercial disclosure: None identified.

17030

IGA×BSA: A simple practice-friendly alternative to the Eczema Area and Severity Index for assessing severity of pediatric atopic dermatitis

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Background: The Harmonizing Outcome Measures for Eczema (HOME) initiative recommends the Eczema Area and Severity Index (EASI) for reporting disease severity in atopic dermatitis (AD) trials. However, scoring can be complicated and difficult to administer in clinical settings. The product of the Physician Global Assessment and body surface area (PGA×BSA) is a simple outcome measure for psoriasis severity but has not been applied to AD.

Methods: Patient-reported and objective disease severity measures were collected from 195 caretaker/child dyads aged 5-17 with almost clear (validated Investigator Global Assessment, vIGA = 1) to severe (vIGA = 4) AD. Data was assessed using Spearman coefficients, Bland-Altman plots, and kappa coefficients. Severity strata were proposed using an anchoring approach based on EASI.

Results: IGA×BSA correlates better with EASI than IGA alone ($r = 0.924$ vs $r = 0.757$, $P < .001$). IGA×BSA correlates similarly to EASI with other disease measures, including Scoring Atopic Dermatitis (SCORAD) ($r = 0.774$ vs $r = 0.779$, $P < .001$), patient-reported severity ($r = 0.449$ vs $r = 0.426$, $P < .001$) and quality of life ($r = 0.354$ vs $r = 0.347$, $P < .001$). The Bland-Altman plot indicates high agreement between IGA×BSA and EASI, as the majority of points fall between the 95% CI of limits of agreement. An anchoring approach suggests severity strata for IGA×BSA of 0-30 mild, 30.1-130 moderate, 130.1-400 severe ($\kappa = 0.760$).

Limitations: Interrater and test-retest reliability was not assessed.

Conclusions: IGA×BSA is a simple and intuitive measure that correlates well with EASI in mild to severe pediatric AD.

Commercial disclosure: None identified.

17033

Morphologically discordant Stevens-Johnson syndrome in a geriatric patient

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A 90-year-old man was hospitalized for pubic symphysis osteomyelitis when he developed a tender, pruritic, erythematous eruption on the chest on hospital day 3. The eruption progressed to the back and extremities by day 4 when dermatology was consulted. Recent medications included cephalexin and piperacillin/tazobactam started 39 days and 3 days before onset, respectively. Notably, the patient had used each in the past uneventfully. Initial physical exam revealed coalescent erythematous macules on the neck, trunk, upper extremities, and proximal thighs with confluent erythema on the back. Nikolsky sign was positive. Desquamation of the lower lip was noted without oral cavity involvement. There were no bullae nor erosions. The patient was afebrile and had right axillary lymphadenopathy. Labs demonstrated transaminitis and eosinophilia. Shave biopsy of the right shoulder showed full thickness epidermal necrosis, consistent with Stevens-Johnson syndrome (SJS). Piperacillin/tazobactam was discontinued and the patient was treated with intravenous immunoglobulin with eventual full recovery from partial sloughing of skin on his back. Excluding mild denudation of the lip and a positive Nikolsky sign, initial presentation showed no classic features of SJS. Furthermore, the typical onset of SJS is 5-28 days after initiation of a new medication; our patient's two antibiotics were started outside of this timeline. Our initial concern for SJS was further decreased by the uneventful past use of each antibiotic. While the incidence and mortality rates of SJS in elderly patients are higher, the tendency of this population to display atypical features is unclear and warrants further investigation.

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