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Quality of life and mental health in immunobullous patients based on therapeutic intervention: A pilot study

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Background: Immunobullous dermatoses have negative effects on psychosocial health. No study has analyzed quality of life (QoL) and mental health related to therapeutic intervention in the US.

Objective: The aim of this study was to analyze QoL and psychological well-being by treatment.

Methods: The Dermatology Life Quality Index (DLQI) and General Health Questionnaire-12 (GHQ-12) were administered to assess QoL and psychological distress, respectively. Patients were analyzed by treatment subgroup: 1) Topical steroids ± tetracycline, niacinamide, topical calcineurin inhibitors; 2) Oral corticosteroids ± treatment 1; 3) systemic adjuvant therapy including mycophenolate, azathioprine, rituximab, dapsone, cyclosporine, or methotrexate ± treatment 1 or 2.

Results: Among 26 patients, most (bullous pemphigoid 50%; pemphigus 57%) exhibited GHQ-positivity, reflecting probable minor psychiatric condition. Participants with current or previous adjuvant therapy were more likely to be GHQ-positive ($P = .01$; $P = .03$). The overall DLQI score was 5 (bullous pemphigoid) and 6 (pemphigus), representing small-moderate effect on QoL. For patients with worsening lesions, the mean DLQI was 6 (bullous pemphigoid) and 9 (pemphigus), indicating moderate effect on QoL. Worse QoL scores were seen in the oral corticosteroid subgroup and those with a cumulative dose >2000 mg ($P = .03$). Number of medication switches and disease length did not affect scores.

Limitations: The small sample size greatly limits the generalizability of these data.

Discussion: Effective therapies exist for bullous dermatoses. Systemic corticosteroids and immunomodulatory agents may increase the risk for impaired QoL and negative psychological health outcomes. Treating the skin should include a goal for improved mental health in this population.

Commercial disclosure: None identified.



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Skin cancer—related awareness, perceptions, and practices of nonmedical professionals: A systematic narrative review

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Background: Nonmedical professionals (NMPs) have a unique opportunity to regularly monitor skin of their clients, which is an effective means for detecting suspicious skin lesions. We conducted a systematic narrative review to investigate NMPs awareness, perceptions, and practices in relation to skin cancer.

Methods: Electronic searches were conducted in three databases: Medline (PubMed), Cinahl, and Science Direct. Our searches were not restricted based on date of publication, study design, or location. Studies that met following eligibility criteria were included: 1) investigated skin cancer prevention strategies, 2) peer-reviewed, 3) available in English language, and 4) targeted NMPs such as estheticians, cosmetologists, massage therapists, and hair dressers.

Results: A total of 12 studies were included and consisted of a mixture of cross-sectional and intervention studies as well as one case study, taking place in the years 2011-2019 primarily in the US ($n = 11$). The skin cancer—related knowledge of these NMPs varied but was generally deficient, most likely as a result of inadequate incorporation of education on skin cancer during their training. NMPs consistently acknowledged their lack of expertise and comfort in the area of skin cancer and expressed a desire and professional responsibility to become more educated on the subject. Several interventions across the studies were proven to be efficacious in improving both the approaches to skin cancer recognition and prevention among participants.

Conclusions: The results indicate the necessity for and utility of skin cancer education of NMPs, but further study is warranted to explore a standardized approach to education.

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Genetic anticipation in frontal fibrosing alopecia: An inadequate follow-up time bias

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Background: It has been observed that the incidence of frontal fibrosing alopecia is increasing and that the mean age at diagnosis for mothers is significantly greater than that for their offspring. This observation has been ascribed to genetic anticipation but could also be due to bias. Systematic screening of daughters over 30 years of affected patients has been proposed.

Objective: To determine if there is genetic anticipation in frontal fibrosing alopecia.

Methods: A single-center observational and analytical retrospective study enrolled frontal fibrosing alopecia patients from 2010 to 2019. We compared age at diagnosis among familial cases and among different birth cohorts before and after adjustments for observation time. We calculated Pearson correlation coefficients, linear regression and Kaplan-Meier analysis before and after adjustment for observation time.

Results: 240 consecutive patients were included. The mean difference in the average age at diagnosis between mothers and daughters was 23.6 years. Whole cohort unadjusted analyses showed a 9.46-year decrease with each successive 10-year birth cohort. Adjustment for observation time eliminated what appeared to be a large generational effect.

Limitations: Population-based incidence studies are needed.

Conclusions: Findings do not support either the hypothesis of genetic anticipation or routine familial screening in frontal fibrosing alopecia.

Commercial disclosure: None identified.



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Referral patterns from the emergency department for patients with severe hidradenitis suppurativa

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Background: During severe disease exacerbation, patients with hidradenitis suppurativa (HS) often present to the emergency department (ED) for acute pain control. However, it is unclear how many ED patients are ultimately seen by dermatology for long-term disease management.

Methods: We performed a retrospective, single-center, institutional review board-approved chart review of adult patients with ICD diagnoses for HS at an ED visit who received analgesics during at least 1 visit for HS at Beth Israel Deaconess Medical Center (BIDMC) from 2000 to 2017.

Results: 57 patients were included. Of those, 82% were referred to primary care, 58% to surgery, 28% to dermatology, 18% to other specialties, including gynecology and infectious disease, and 33% were instructed to return to the ED. Only 32% of patients had dermatology follow-up at BIDMC after initial ED visit, and the average time between ED discharge to first dermatology visit was 3.11 years. Of patients who visited the ED more than once for HS treatment, 64% were Black, however time until dermatology evaluation was longer for Black vs White patients, 3.6 vs 1.0 year, respectively ($P = .09$).

Discussion: These data highlight the need for improved dermatology referral processes for patients from the ED, particularly for black HS patients who frequent the ED at higher rates. HS patients managed in the outpatient dermatology setting often experience improved pain management through long-term anti-inflammatory and hormonal treatments. Systems are needed to make dermatology outpatient visits easily and quickly accessible for patients with HS who are referred from the ED.

Commercial disclosure: None identified.

