Reply to "Depression screening for patients with acne in the United States compared to other skin diseases, 2005 to 2016"

To the Editor: We appreciate the interest of Sutaria et al[1] on our recent research letter analyzing depression screening at visits for acne in the United States. We concur with the importance of addressing mental health comorbidities among patients with acne and other chronic skin diseases. In our study, we show that depression screening is conducted at 0.6% (95% confidence interval, 0.2-1.5) of acne visits to dermatologists in comparison to 0.0% (95% confidence interval, 0.0-0.1) for all other visits. Although it is clear from these absolute rates that depression screening is more common at acne visits than other dermatology visits, Sutaria et al have expanded slightly upon our results by demonstrating the same finding using multivariate logistic regression, controlling for several sociodemographic factors.

These findings suggest that dermatologists more often screen for depression at visits for acne relative to all visits—an important consideration, because there is a strong association between acne and depression/anxiety.[2] In addition, it is important to keep in mind that although the odds of depression screening may be greater for visits for acne, absolute rates of depression screening at acne visits remain very low at 0.6%, which is concerning given the high incidence of depression and other mental health comorbidities in this population. Thus, it is likely that depression and other mental health problems are underrecognized among patients with acne, which may significantly affect quality of life and could lead to adverse health outcomes.

As Sutaria et al[1] discuss, depression and mental health disorders are also common in the general population, as well as for other chronic inflammatory skin diseases such as atopic dermatitis and psoriasis. As has been shown in prior studies, depression screening is also uncommon at visits for psoriasis and atopic dermatitis.[3] Similar to our findings for acne, depression screening was less frequent at encounters with dermatologists, despite recent guidelines highlighting the importance of screening for depression and other mental health comorbidities.[4]

We thank the authors for their interest in our study and contribution to further understanding depression screening among dermatologists. Several simple, efficient, and easy-to-use screening measures for depression are available (eg, Patient Health Questionnaire−2, Patient-Reported Outcomes Measurement Information System-Depression); when combined with action plans for subsequent referral,[5] these screening measures have been shown to be effective strategies for dermatologists in routine clinical practice to play a role in the screening and management of mental health comorbidities associated with acne and other chronic skin diseases.

Matthew T. Taylor, BA,[a] and John S. Barbieri, MD, MBA[b]

From the Sidney Kimmel Medical College, Thomas Jefferson University, Philadelphia, Pennsylvania[a]; and Department of Dermatology, University of Pennsylvania, Philadelphia, Pennsylvania.[b]

Funding sources: Dr Barbieri is supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health under award number T32-AR-007465 and receives partial salary support through a Pfizer Fellowship grant to the Trustees of the University of Pennsylvania.

Conflicts of interest: None disclosed.

IRB approval status: Not applicable.

Reprints not available from the authors.

Correspondence to: John Barbieri, MD, MBA, PCAM 7 South Tower, 3400 Civic Center Blvd, Philadelphia, PA 19104

E-mail: john.barbieri@pennmedicine.upenn.edu

REFERENCES

1. Taylor MT, Barbieri JS. Depression screening at visits for acne in the United States, 2005-2016. *J Am Acad Dermatol*. 2020;83(3):936-938.
2. Samuels DV, Rosenthal R, Lin R, Chaudhari S, Natsuaki MN. Acne vulgaris and risk of depression and anxiety: a meta-analytic review. *J Am Acad Dermatol*. 2020;83(2):532-541.
3. Singh P, Silverberg JI. Underscreening of depression in U.S. outpatients with atopic dermatitis and psoriasis. *Br J Dermatol*. 2020;182(4):1057-1059.
4. Elmets CA, Leonardi CL, Davis DMR, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with awareness and attention to comorbidities. *J Am Acad Dermatol*. 2019;80(4):1073-1113.
5. Gaufin M, Hess R, Hopkins ZH, Biber JE, Secrest AM. Practical screening for depression in dermatology: using technology to improve care. *Br J Dermatol*. 2020;182:786-787.

https://doi.org/10.1016/j.jaad.2020.09.083