Differences in topical corticosteroid prescribing patterns between primary care providers and dermatologists for atopic dermatitis

L Singh,1 2 M Blauvelt,1 A Matarasso,1 * S Chen1,2 and W C Au1,2 1Department of Dermatology, University of Southern California Keck School of Medicine, Los Angeles, California, United States and 2Geisinger Commonwealth School of Medicine, Scranton, Pennsylvania, United States

Atopic dermatitis (AD) is a chronic inflammatory skin disease. Many patients with AD seek care from both primary care physicians and dermatologists. However, little is known regarding topical corticosteroid prescribing patterns between these two specialties. We sought to determine if differences exist in the topical corticosteroid (TCS) prescribing patterns between dermatologists, family medicine physicians, and internal medicine physicians. We conducted a population-based, cross-sectional analysis using data from the National Ambulatory Medical Care Survey 2006 to 2016. Among patients not achieving Investigator’s Global Assessment (IGA) 0 or 1 > 2-point improvement in pruritus Numerical Rating Scale (NRS) at week 12, 137/138/141 patients were included in an analysis that compared to internal medicine physicians (52%, 17%, vs. placebo; p = 0.002). Our findings demonstrate that dermatologists prescribe topical corticosteroids for atopic dermatitis more frequently compared to internal medicine physicians but not in comparison to family medicine physicians. This is consistent with previous studies in practice patterns among medical specialties for AD care and identify educational gaps.

Pruitis tools for 6-7-year-old children

H Kong1, S Francois2, S Smith3, M Spraker3, L Lawley1, G Lee1, K Chen1, J Roberts2 and J Pfau1,2 1Emory School of Medicine, Atlanta, Georgia, United States, 2School of Psychology, Georgia Institute of Technology, Atlanta, Georgia, United States and 3Regional Telehealth Service, VISN 7, Atlanta, Georgia, United States

We have previously developed methods to quantify the severity and the quality of life (QoL) impact of pruritus in patients. However, due to barriers of language and comprehension, such tools are not directly applicable to the children. We address this gap by developing instruments for the pediatric population. We report on the 14-item Qol. (Kids_ItchyQol) and a self-reported severity (Kids, ItchyQau) tool that measure impact and severity of pruritus for the preceding week in patients aged 6-7 years. Items were derived from in-depth interviews with children by asking them to draw their itch, and using the drawings to elicit concepts. We performed a panel evaluation, and tested the reliability and reproducibility (intra-class correlation coefficient, ICC=0.66). The Kids, ItchyQant was reproducible as well (ICC=0.47). With respect to construct validity, exploratory factor analysis (EFA) techniques suggested three dominant factors. Four 3-dimensional confirmatory factors were then subsequently tested with the children. Using these three structure model with correlated factors and item assignments determined by an initial EFA proved best (AIC= 99.66 and BIC= -292.44). When the Kids, ItchyQol was analyzed as a function of worsening, improvement, or no change at their final visit, we confirmed responsiveness: the mean total scores decreased the least for the worsening cohort; the mean change decreased the most for the improved and no change groups. For the Kids, ItchyQant, there was a statistically significant difference in the score changes (p=0.005). GMM process also demonstrated a decrease in mean itch in the improvement cohort, less in the no change, and slight increase in the worsening group. These results suggest a new set of reliable and valid instruments to assess Qol. and severity of pruritus in 6-7-year-old children.

Pruritus tools for 6-7-year-old children

H Kong, S Francois, S Smith, M Spraker, L Lawley, G Lee, K Chen, J Roberts and J Pfau 1Emory School of Medicine, Atlanta, Georgia, United States, 2School of Psychology, Georgia Institute of Technology, Atlanta, Georgia, United States and 3Regional Telehealth Service, VISN 7, Atlanta, Georgia, United States

We have previously developed methods to quantify the severity and the quality of life (QoL) impact of pruritus in patients. However, due to barriers of language and comprehension, such tools are not directly applicable to the children. We address this gap by developing instruments for the pediatric population. We report on the 14-item Qol. (Kids_ItchyQol) and a self-reported severity (Kids, ItchyQau) tool that measure impact and severity of pruritus for the preceding week in patients aged 6-7 years. Items were derived from in-depth interviews with children by asking them to draw their itch, and using the drawings to elicit concepts. We performed a panel evaluation, and tested the reliability and reproducibility (intra-class correlation coefficient, ICC=0.66). The Kids, ItchyQant was reproducible as well (ICC=0.47). With respect to construct validity, exploratory factor analysis (EFA) techniques suggested three dominant factors. Four 3-dimensional confirmatory factors were then subsequently tested with the children. Using these three structure model with correlated factors and item assignments determined by an initial EFA proved best (AIC= 99.66 and BIC= -292.44). When the Kids, ItchyQol was analyzed as a function of worsening, improvement, or no change at their final visit, we confirmed responsiveness: the mean total scores decreased the least for the worsening cohort; the mean change decreased the most for the improved and no change groups. For the Kids, ItchyQant, there was a statistically significant difference in the score changes (p=0.005). GMM process also demonstrated a decrease in mean itch in the improvement cohort, less in the no change, and slight increase in the worsening group. These results suggest a new set of reliable and valid instruments to assess Qol. and severity of pruritus in 6-7-year-old children.

Pruritus tools for 6-7-year-old children

H Kong, S Francois, S Smith, M Spraker, L Lawley, G Lee, K Chen, J Roberts and J Pfau 1Emory School of Medicine, Atlanta, Georgia, United States, 2School of Psychology, Georgia Institute of Technology, Atlanta, Georgia, United States and 3Regional Telehealth Service, VISN 7, Atlanta, Georgia, United States

We have previously developed methods to quantify the severity and the quality of life (QoL) impact of pruritus in patients. However, due to barriers of language and comprehension, such tools are not directly applicable to the children. We address this gap by developing instruments for the pediatric population. We report on the 14-item Qol. (Kids_ItchyQol) and a self-reported severity (Kids, ItchyQau) tool that measure impact and severity of pruritus for the preceding week in patients aged 6-7 years. Items were derived from in-depth interviews with children by asking them to draw their itch, and using the drawings to elicit concepts. We performed a panel evaluation, and tested the reliability and reproducibility (intra-class correlation coefficient, ICC=0.66). The Kids, ItchyQant was reproducible as well (ICC=0.47). With respect to construct validity, exploratory factor analysis (EFA) techniques suggested three dominant factors. Four 3-dimensional confirmatory factors were then subsequently tested with the children. Using these three structure model with correlated factors and item assignments determined by an initial EFA proved best (AIC= 99.66 and BIC= -292.44). When the Kids, ItchyQol was analyzed as a function of worsening, improvement, or no change at their final visit, we confirmed responsiveness: the mean total scores decreased the least for the worsening cohort; the mean change decreased the most for the improved and no change groups. For the Kids, ItchyQant, there was a statistically significant difference in the score changes (p=0.005). GMM process also demonstrated a decrease in mean itch in the improvement cohort, less in the no change, and slight increase in the worsening group. These results suggest a new set of reliable and valid instruments to assess Qol. and severity of pruritus in 6-7-year-old children.