Direct healthcare cost of atopic dermatitis in the Swedish population

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Background: Atopic dermatitis (AD) is a chronic inflammatory skin disease that affects millions of people worldwide. The direct healthcare cost of AD has been estimated to be significant. This study aimed to estimate the direct healthcare cost of AD in Sweden.

Methods: The cost was estimated for patients with AD based on International Classification of Diseases (ICD) codes. The cost was computed using costs per procedure from the National Department of Health Care (DHCC) for secondary and primary care visits and filled prescriptions. The cost of topical calcineurin inhibitor or topical corticosteroid was added. The cost was calculated using a time-matched method.

Results: The direct healthcare cost per patient increased with severity. The highest ranked strategies included clinical decision support (preference score, 23.2), patient educational materials (15.7), and physician educational outreach (15.4).

Conclusion: Dermatologists are willing to consider lipid screening and prescribing statins in those with psoriasis. Further research is needed to determine the best strategies to improve lipid screening and statin use among psoriasis patients.

COVID-19 related outcomes in psoriasis and psoriasis arthritis patients

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Introduction: Patients with psoriasis (PsO) and psoriatic arthritis (PsA) are at increased risk of cardiovascular (CV) disease. The COVID-19 pandemic has highlighted the importance of managing CV risk in these patients.

Objectives: To evaluate the CV outcomes and COVID-19 outcomes in PsO and PsA patients.

Methods: Retrospective chart review from a population-based sample of 240 PsO and PsA patients. The outcomes were compared with a control group of 240 healthy volunteers.

Results: The risk of CV events was higher in PsO and PsA patients compared to controls. The risk of CV events increased with the severity of PsO and PsA. The risk of CV events was higher in PsO compared to PsA.

Conclusion: PsO and PsA patients are at increased risk of CV events. Further research is needed to understand the mechanisms behind this increased risk and to develop effective strategies to manage CV risk in these patients.

The risk of contracting COVID-19 after dermatological procedures compared with other medical procedures

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Introduction: Dermatological procedures are associated with a higher risk of contracting COVID-19 compared to other medical procedures. This study aimed to evaluate the risk of COVID-19 after dermatological procedures.

Methods: A retrospective chart review of patients who underwent dermatological procedures between March and April 2020 was conducted. The outcomes were compared with a control group of patients who underwent other medical procedures.

Results: The risk of contracting COVID-19 was higher after dermatological procedures compared to other medical procedures. The risk of contracting COVID-19 was higher after dermatological procedures compared to endocrine procedures (OR 0.55, 95% CI 0.53-0.58), respiratory procedures (OR 0.57, 95% CI 0.54-0.60), cardiovascular procedures (OR 0.53, 95% CI 0.50-0.57), and gastrointestinal procedures (OR 0.51, 95% CI 0.48-0.54).

Conclusion: Dermatological procedures carry a higher risk of contracting COVID-19 compared to other medical procedures. Further research is needed to understand the mechanisms behind this increased risk and to develop effective strategies to manage this risk.

Dermatologist preferences regarding implementation strategies to improve statin use among patients with psoriasis

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Introduction: Statin use is associated with improved clinical outcomes in patients with psoriasis. However, statin use is suboptimal in these patients. This study aimed to evaluate dermatologist preferences regarding implementation strategies to improve statin use.

Methods: A survey was conducted among dermatologists. The preferences were compared with those of general internists.

Results: Dermatologists had a higher preference for implementing strategies to improve statin use compared to general internists. The most preferred strategies were educational and economic incentives.

Conclusion: Dermatologists have a strong preference for implementing strategies to improve statin use among patients with psoriasis. Further research is needed to develop effective strategies to improve statin use in these patients.

Dermal differences in cutaneous sarcoidosis

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Introduction: Cutaneous sarcoidosis is a rare disease that is associated with systemic involvement. Racial differences in cutaneous sarcoidosis have been reported.

Methods: A retrospective chart review of patients with cutaneous sarcoidosis was conducted. The characteristics were compared by race.

Results: Black patients were more likely to have cutaneous sarcoidosis compared to white patients. Black patients were more likely to be female and have cutaneous sarcoidosis in the upper body. Black patients were more likely to have systemic involvement.

Conclusion: Racial differences in cutaneous sarcoidosis exist. Further research is needed to understand the underlying mechanisms behind these differences.

Lipid screening and statin use among psoriasis patients

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Introduction: Patients with psoriasis are at increased risk of cardiovascular disease. Lipid screening and statin use are important to reduce CV risk.

Methods: A survey was conducted among dermatologists. The preferences were compared with those of general internists.

Results: Dermatologists had a higher preference for implementing strategies to improve lipid screening and statin use compared to general internists. The most preferred strategies were educational and economic incentives.

Conclusion: Dermatologists have a strong preference for implementing strategies to improve lipid screening and statin use among patients with psoriasis.

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