The impact of mental health comorbidities on patient satisfaction: A population study among U.S. adults with dermatitis

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The association between dermatitis comorbidities and patient satisfaction is rarely studied in adults with dermatitis. Treatment non-compliance and negative perceptions of providers may be associated with low satisfaction. Patient satisfaction can be measured using patients' perception of patient-provider communication. We sought to determine the association between patients' mental health comorbidities and their perception of patient-provider communication quality among U.S. adult patients with dermatitis. We performed a cross-sectional study using the Medical Expenditure Panel Survey from 2004-2017. Among 24,279 adult (21-18 years) patients with dermatitis pooled during the 14-year period, 15,482,175 (63%), 6,852,026 (28%), and 2,052,794 (9%) had no-told moderate, or severe symptoms of psychological distress, respectively. Additionally, 17,373,888 (71%), 3,583,468 (15%), and 3,429,638 (14%) had no-told moderate or severe symptoms of depression, respectively. We adjusted for sociodemographic characteristics and comorbidities and used validated instruments, patient-provider communication composite score, K6, and PHQ2. Compared to patients with no-told mild symptoms, patients with moderate or severe psychological distress symptoms reported lower satisfaction with providers (b=-0.02; p<0.001 and b=1.36; p=0.001, respectively) and were 3.1 times and 6.9 times more likely to report low satisfaction [AOR: 3.14 (1.84-5.37); p<0.001 and AOR: 6.86 (3.17-14.85); p<0.001, respectively]. Compared to patients with no-told symptoms, patients with moderate or severe depression symptoms reported lower satisfaction with providers (b=-0.70; p<0.001 and b=1.08; p=0.001, respectively) and were 3.0 times and 3.9 times more likely to report low satisfaction [AOR: 3.01 (1.60-5.77); p=0.001 and AOR: 3.93 (2.17-7.09); p<0.001, respectively]. In conclusion, dermatitis patients' baseline mental health status may be associated with their satisfaction of the provider.

Risk of headache and migraine in patients with atopic dermatitis: A population-based cohort study

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There are several known comorbidities of atopic dermatitis (AD) yet there is still little known about AD and some non-allergic disorders. Migraine is of interest as it has a similar genetic expression profile as AD and potential mechanisms of action including increased cytokines and mast cell activation. To assess the risk of headache/migraine among AD patients, we performed a population-based cohort study using a U.K.-based electronic medical record database (The Health Improvement Network). We identified a total of 1,034,514 AD patients, both adult (∼18y) and children (∼<18y) that were matched on age, practice, and index date with 4,487,917 controls. We determined that both adults and children were at greater risk for headache (∼18y HR 1.19, 95%CI 1.18-1.21; ∼<18y HR 1.10, 95%CI 1.09-1.12) and specifically migraines (∼18y RR 1.14, 95% CI 1.11-1.17; ∼<18y RR 1.08, 95% CI 1.06-1.10) Cox regression adjusting for age, sex, Townsend score, hormone therapy, allergy and asthma for all, adding BMI, smoking, and drinking for adults. We further stratified by disease severity including mild, moderate, and severe. Severity was assessed through the established method of using proxy measures of treatment such that those using systemic therapies or phototherapy are defined as severe, those with 2 or more potent topical steroids or topical calcineurin inhibitor prescriptions within 1 year are moderate, and are considered to have mild disease by default. Although similar risks are seen overall in children when compared to adults, adults with disease severity show different trends. Among children, only mild AD increases risk of migraine (∼18y RR 1.08, 95% CI 1.05-1.10) and AD extends headache protection (HR 0.84, 95% CI 0.74-0.95) where for adults, risk remains consistent. The excess risk of migraine was 1 in 194 per year in patients with AD. The indication of increased risk of headache and migraine for both adults and children with AD and the unique presentation in children across severity calls for further research investigation.

Caffeinated or decaffeinated coffee consumption and risk of cancers: A meta-analysis

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Caffeinated or decaffeinated coffee consumption is a promising approach to lower risk of hepatocellular, endometrial, and skin cancers in a dose-dependent manner. Further investigations are needed to clarify the complex effects of caffeine on the risk of cancer and other chronic diseases.

The association between mental health comorbidities and patient satisfaction is rarely studied in adults with dermatitis. Treatment non-compliance and negative perceptions of providers may be associated with low satisfaction. Patient satisfaction can be measured using patients' perception of patient-provider communication. We sought to determine the association between patients' mental health comorbidities and their perception of patient-provider communication quality among U.S. adult patients with dermatitis. We performed a cross-sectional study using the Medical Expenditure Panel Survey from 2004-2017. Among 24,279 adult (21-18 years) patients with dermatitis pooled during the 14-year period, 15,482,175 (63%), 6,852,026 (28%), and 2,052,794 (9%) had no-told moderate, or severe symptoms of psychological distress, respectively. Additionally, 17,373,888 (71%), 3,583,468 (15%), and 3,429,638 (14%) had no-told moderate or severe symptoms of depression, respectively. We adjusted for sociodemographic characteristics and comorbidities and used validated instruments, patient-provider communication composite score, K6, and PHQ2. Compared to patients with no-told mild symptoms, patients with moderate or severe psychological distress symptoms reported lower satisfaction with providers (b=-0.02; p<0.001 and b=1.36; p=0.001, respectively) and were 3.1 times and 6.9 times more likely to report low satisfaction [AOR: 3.14 (1.84-5.37); p<0.001 and AOR: 6.86 (3.17-14.85); p<0.001, respectively]. Compared to patients with no-told symptoms, patients with moderate or severe depression symptoms reported lower satisfaction with providers (b=-0.70; p<0.001 and b=1.08; p=0.001, respectively) and were 3.0 times and 3.9 times more likely to report low satisfaction [AOR: 3.01 (1.60-5.77); p=0.001 and AOR: 3.93 (2.17-7.09); p<0.001, respectively]. In conclusion, dermatitis patients' baseline mental health status may be associated with their satisfaction of the provider.

Proportions of biologic discontinuation among psoriasis patients with metabolic comorbidities

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Background: The purpose of the study was to analyze the proportions of biologic discontinuation among psoriasis patients with and without metabolic comorbidities, and stratified by drug class, using real-world data. Methods: The Corrona® Psoriasis Registry is a proctor multi-center, non-interventional registry in North America. Patients with plaque psoriasis who initiated a biologic therapy (5/2015 to 12/2019) and had a 6-month follow-up visit were included (N=2,924). The proportion of biologic discontinuations by 6 months post-initiation were calculated by metabolic comorbid status (current obesity and histories of hypertension [HTN], diabetes [DM], and hyperlipidemia [HLD]) and by drug class (tumor necrosis factor [TNF] inhibitors, interleukin [IL]-17 inhibitors, IL-23 or IL-12/23 inhibitors). Results: Higher frequencies of patients with obesity (17% vs. 13%) and with DM history (20% vs. 17%) discontinued compared to those without, while discontinuations were similar between those with and without HTN and HLD history. Patients initiating TNF inhibitors had significantly higher proportions of discontinuation than the IL-17 and IL-23/IL-12/23 groups. Among patients initiating TNF inhibitors, those with obesity, DM history and HTN history had higher proportions of discontinuation (10%, 34%, 34%, respectively) vs. those without (11%, 22%, 22%, respectively), while among IL-23 or IL-12/23 initiators, compared to patients without, patients with obesity (11% vs. 7%) or DM history (13% vs. 8%) had slightly higher proportions of discontinuation (17%, 32%, 32%, respectively) vs. those without (12%, 24%, 24%, respectively). Conclusion: In these real-world psoriasis patients, those with obesity and history of DM had higher proportions of biologic discontinuations 6 months following initiation, except in the IL-17 class. Metabolic comorbidities should be considered when choosing biologics.

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