Health status may be associated with their satisfaction of the provider.

3.93 (2.19–7.02); \( p < 0.001 \) for both adults and children with AD and the unique presentation in children across severity. CI 0.74–0.95) where for adults, risk remains consistent. The excess risk of migraines was 1 in 24,386,994 (weighted) U.S. adult (RR 1.10, 95%CI 1.09–1.12) and specifically 1 in 28,522 (9.9%) had no-to-mild moderate, or severe symptoms of psychological distress, respectively. Additionally, 17,373,888 (71%), 3,583,468 (15%), and 3,429,638 (14%) had no-to-mild moderate, or severe symptoms of depression, respectively. We adjusted for socio-demographic character-istics and comorbidities and used validated instruments, patient-provider communication composite score, K6, and PHQ2. Compared to patients with no-to-mild symptoms, patients with moderate or severe psychological distress symptoms reported lower satisfaction with providers (b = −0.821; p < 0.001) and −1.362; 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; AOR: 6.86 (3.17–14.85); p < 0.001, respectively]. Compared to patients with no-to-mild symptoms, patients with moderate or severe depression symptoms reported lower satisfaction with providers (b = −0.709, p < 0.001 and b = −1.084; 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 (2.14–7.22); 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

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 in children, HR 1.13 (95%CI 1.13-1.13). For these five studies, we performed a meta-analysis. HR 1.00 (95%CI 0.97-1.03) 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 were identified 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 (HR 1.08, 95%CI 1.05-1.10) and AD extends protection (HR 0.84, 95% CI 0.74-0.95) where for adults, risk remains consistent. The excess risk of migraines was 1 in 994 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

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 Coronar® Pсорiasis Registry is a prospectively multicenter, non-interventional registry in North America. Patients with plaque psoriasis who initiated a biologic therapy (S1/S2015 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. 18%) discontinued compared to those without, while discontinuation was similar between those with and without HTN and HLD history. Patients initiating TNF inhibitors had 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 (22%, 24%, 22%, respectively), while among IL-23 or IL-12/23 inhibitors, compared to patients without, patients with obesity (11% vs. 7%) or DM history (13% vs. 8%) had slightly higher proportions of dis-continuation (17%, 17%, 12%), while the IL-17 group had a significantly higher proportion of discontinuation (24%). 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.