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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 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 patient 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 24,261 adult (≥18 years) patients with dermatitis pooled during the 14-year period, 15,482,175 (63%), 6,652,026 (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 characterististics and comorbidities and used validated instruments, patient-provider communication composite score, K6, and PHQ2. Compared to patients with no-told symptoms, patients with moderate or severe psychological distress symptoms reported lower satisfaction with providers (β = 0.821; p < 0.001) and β = 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] 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 (β = 0.709; p < 0.001 and β = 1.084; p < 0.001, respectively) and were 3.0 times and 3.9 times more likely to report low satisfaction [AOR: 3.03 (1.60-5.77); p < 0.001 and AOR: 3.93 (2.17-7.06); p < 0.001, respectively). In conclusion, dermatitis patients’ baseline mental health status may be associated with their satisfaction of the provider.

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Personal history of rosacea and risk of head and neck squamous cell carcinoma among women in the US

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Androgenic alopecia (AGA) is a common form of hair loss that affects males and females. Hormonal, environmental, and genetic factors all play a role in its pathogenesis, often affecting patients’ quality of life due to diminished self-esteem. Treatment options are limited, thus driving the demand for hair restoration options. Platelet-rich plasma (PRP) has shown promising results for the AGA population. This literature review was conducted to assess the effectiveness of PRP treatment for AGA in female subjects. A total of sixteen studies were found that included females, but only five studies met our inclusion criteria of evaluating only females as a subject. Four of the five studies showed significance in effectiveness of PRP in increasing hair thickness/density while subjective improvement in hair quality was noted in all five studies. More studies are needed to assess the advantage of PRP treatment in order to mitigate the negative psychological factors of AGA impacting the female population.

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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 (≥18) and children (<18) that were matched on age, practice, and index date for our meta-analysis (bladder, breast, colorectal, endometrial, hepatocellular, lung, ovarian, and cutaneous). Risk of headache and migraine in patients with AD was assessed 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 4 adults (RR 1.10, 95%CI 1.09-1.12) and specifically migraines in children (RR 1.14, 95%CI 1.11-1.16) were 4.4 times and 6.9 times more likely to report low satisfaction [AOR: 3.14 (1.84-5.37); p < 0.001, respectively] and were 3.0 times and 3.9 times more likely to report low satisfaction [AOR: 3.03 (1.60-5.77); p < 0.001 and AOR: 3.93 (2.17-7.06); p < 0.001, respectively). In conclusion, dermatitis patients’ baseline mental health status may be associated with their satisfaction of the provider.

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Platelet-rich plasma for treating female androgenic alopecia: A systematic review

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Androgenic alopecia (AGA) is a common form of hair loss that affects males and females. Hormonal, environmental, and genetic factors all play a role in its pathogenesis, often affecting patients’ quality of life due to diminished self-esteem. Treatment options are limited, thus driving the demand for hair restoration options. Platelet-rich plasma (PRP) has shown promising results for the AGA population. This literature review was conducted to assess the effectiveness of PRP treatment for AGA in female subjects. A total of sixteen studies were found that included females, but only five studies met our inclusion criteria of evaluating only females as a subject. Four of the five studies showed significance in effectiveness of PRP in increasing hair thickness/density while subjective improvement in hair quality was noted in all five studies. More studies are needed to assess the advantage of PRP treatment in order to mitigate the negative psychological factors of AGA impacting the female population.

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

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Coffee consumption has been reported to reduce the incidence of various types of cancers; however, previous studies showed variable results, and few studies have addressed the effect of caffeinated versus decaffeinated coffee on cancer incidence. We performed a meta-analysis to systematically assess what types of cancer are prevented by caffeinated or decaffeinated coffee. We used PubMed, Scopus, and Embase databases to comprehensively identify peer-reviewed prospective cohort studies that associate coffee consumption with risk of cancers. The Newcastle-Ottawa Scale was used to assess the quality of nonrandomized studies. Summary relative risk (RR) was calculated by using the DerSimonian and Laird random effects model. Dose response was assessed by using linear regression. A total of 65 studies for 10 major cancer types were used for our meta-analysis (bladder, breast, colorectal, endometrial, hepatocellular, lung, ovarian, pancreatic, skin cancers). Caffeinated coffee consumption (≥2 cups per day) significantly reduced the risk of hepatocellular, endometrial, and skin cancers by 46% (RR 0.54; 95% confidence interval (CI) 0.39-0.74), 39% (RR 0.61; 95% CI 0.44-0.84), and 17% (RR 0.83; 95% CI 0.70-0.99), respectively, while decaffeinated coffee consumption had similar associations in these three cancer types. Significant dose-response effects of caffeinated coffee were observed in hepatocellular, endometrial, and skin cancers with 9.9%, 7.4%, and 7.8% risk reductions per cup, respectively. Intriguingly, decaffeinated coffee (≥2 cups per day) may reduce the risk of breast cancer by 12% and skin cancer by 16% in a dose-dependent manner. Further investigations are needed to elucidate molecular mechanisms by which caffeine prevents different types of cancer.

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Proportions of biologic discontinuation among psoriasis patients with and without 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, LLC, Waltham, Massachusetts, United States and 2 Lincoln Memorial University DeBusk College of Osteopathic Medicine, Harrogate, Tennessee, United States

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 (IL-12/23) inhibitors). Results: Higher frequencies of patients with obesity (17% vs. 13%) and with DM history (20% vs. 17%) and HTN history (17% vs. 14%) initiated TNFs, while among IL-23 or IL-12/23 initiators, compared to patients without, patients with obesity, DM history and HTN history had higher proportions of discontinuations. Discontinuations did not differ between obesity or comorbidity groups in IL-17 initiators. Conclusions: 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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