360 Factors in topical steroid selection: A qualitative study
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Rising topical steroid (TS) costs place increasing financial burdens on patients. In this study, we evaluate factors dermatologists consider when choosing a prescription TS. We conducted a qualitative study using semi-structured interviews (6/2020-11/2020) of board-certified dermatologists until thematic saturation was reached. Each interview was independently coded by 2 coders. Code frequency and interrater reliability (IRR) were determined using Nvivo software. 16 dermatologists were interviewed and divided evenly among each practice setting (academic, non-academic, and private practices). IRR ranged from κ=0.86 to κ=0.98, indicating excellent agreement. The most important physician factor when choosing a steroid was patient access to medication (63%). Most (81%) thought about cost regularly with 28% of patients being unable to afford the prescripTions. All patients were more likely to buy (p=0.02), be formerly or never married (p=0.001), have public or no insurance (p<0.001), be black (p=0.002), and have higher education (p=0.02). Information about the costs of the medications was not regularly discussed with patients (p=0.003). In addition, they were more likely to be black (p=0.001), have no degree (p=0.02), and self-report poor/ fair physical or mental health (p<0.001). Finally, physicians below the FPL taking biologics were more likely to be black (p=0.001), have no degree (p=0.02), and self-report poor/ fair physical or mental health (p<0.001).

361 Prevalence of non-validated disease scores in dermatology clinical trials
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The nature of dermatologic disease sometimes necessitates non-interval or measured outcomes to address the complexities, and often multifactorial, impact of disease presentation and patient impact. Clinical scores are often used. These can pose difficulties as varying outcomes from clinical trials make it difficult to discern systemic reviews that form the backbone of clinical guidelines. Threshold, objectively, a well-validated and generally-used outcome is superior to a trial-specific or institution-specific score. To query the prevalence of non-validated score use, we identified all clinical trials published in JDD, JAAD Dermatology, JAAD, JID, and JD from 1/2015-2019. Results are shown in table D1. 265 non-validated scores were described as their primary outcome (58.1%). Most were validated (n=111, 72.1%), but 18.9% were non-validated (n=29) and 7 used both (4.55%). Logistic regression demonstrated no statistically significant change in non-validated score use over time, nor with funding source or use of a biostatistician. The majority of the non-validated scores were used in rare diseases such as Sjogren’s syndrome, but for 132/39 (44.8%) (psoriasis, actinic keratosis, scarring, urticaria, and vitiligo), existing validated scores had been previously published. These demonstrate an area for improvement. Where possible investigators should use validated score outcomes or include validated scores for comparison if testing a non-validated score. Reviewers and editors should question non-validated scores, especially for conditions where well-validated, commonly-used, scores are available.

362 Socio-demographic factors associated with scabies in the inpatient setting
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Background: Scabies is a highly contagious skin infestation most often spread by skin-to-skin contact. Information regarding the burden of scabies is limited. Our aim was to investigate socio-demographic factors associated with presentation of scabies in the inpatient setting. Methods: We performed a retrospective analysis of the National Inpatient Sample from 2012 to 2016. Our primary outcome was either a primary or secondary diagnosis of scabies at any point during the inpatient admission (ICD-9-CM 133.0 and ICD-10-CM B68). Exposures were age, sex, race/ethnicity, insurance type, hospital size, and median household income by ZIP code. Generalized estimating equations were used to account for the clustered nature of the data. Results: Of the 9,218,146 admissions included in this analysis, 22,324 (0.24%) had a primary or secondary diagnosis of scabies. Compared to patients age 19 years and younger, patients aged 19-44 years were more likely, and Black patients were less likely to be diagnosed with scabies (OR 1.42, 95%CI 1.38-1.46 and OR 0.32, 95%CI 0.28-0.36, respectively). Education level was significantly associated with scabies diagnoses, with patients with some college education being more likely to be diagnosed with scabies (OR 1.13, 95%CI 1.08-1.18). Conclusion: We identified several socio-demographic factors associated with an increased likelihood of scabies presentation in the inpatient setting. These findings may assist in developing targeted interventions toward decreasing the incidence and burden of scabies in United States hospital systems.

363 The impact of atopic dermatitis on caregivers of patients of all ages
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Background: Atopic dermatitis (AD) carries a substantial burden. Prior research has focused on patients and caregivers of children separately; therefore, we sought to examine the relative impact on patients and caregivers of patients with AD of all ages. Data are from 1,508 respondents to the ‘More than Skin Deep’ survey fielded online as part of the US FDA’s patient-focused drug benefit initiative. Among 399 caregiver respondents, 43% cared for young children ages 0-5, 47% cared for children ages 6-17, and 10% cared for adults. The primary outcome, a 5-category measure of overall impact, was similar among patients and caregivers (51% vs 48%). Among caregivers of adults, 53% vs 45% of respondents reported high or significant impact, was greater among caregivers of adults as compared to caregivers of children (73% vs 51% of respondents reported high or significant impact, p=0.008). AD severity, mood symptoms, symptom control, topical and adjunctive treatment usage, and time spent managing AD were independently predictive of overall impact in a multivariate ordinal regression model. Among domain-specific impact scores, sleep, family responsibilities, family dynamics, and life decisions were most impacted for caregivers of all ages; diet was more impacted for caregivers of children ages 0-5 and 6-17 compared to caregivers of adults. AD severity, mood symptoms, symptom control, and time spent managing AD were independently predictive of overall impact in a multivariate ordinal regression model. Among domain-specific impact scores, sleep, family responsibilities, family dynamics, and life decisions were most impacted for caregivers of all ages; diet was more impacted for caregivers of children ages 0-5 and 6-17 compared to caregivers of adults.