Rate of psoriasis readmission has decreased in the United States: A 9-year longitudinal nationwide study

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This study aims to study longitudinal trends of 30-day readmissions of psoriasis patients over time in the United States using national population data. Data were obtained from the National readmission database (N RD). We performed a retrospective 9-year longitudinal trend analysis of N RD 2010 (year of inception)-2018 databases. We searched for index hospitalizations for patients aged 18 years with a principal or secondary diagnosis of psoriasis using ICD codes for the corresponding year. We excluded elective and traumatic readmissions. The trend in the 30-day readmission rate was our primary outcome. Multivariate logistic and linear regression was used to calculate adjusted p-trend for categorical and continuous outcomes, respectively. The rate of decrease in 30-day readmission rate was steeper for patients admitted with a principal diagnosis of psoriasis (16.7% in 2010 to 10.2% in 2018, adjusted p-trend<0.002) compared to patients admitted with any diagnosis of psoriasis (12.2% in 2010 to 10.4% in 2018, adjusted p-trend<0.0001). Improved mortality and LOS have decreased for both. These decreases may due to better outpatient management and more effective treatment options available in recent times.

Geographical and environmental factors associated with melanoma incidence in Canada

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Background: We sought to examine the relationship between environmental factors and Canada’s distribution of melanoma incidence between 1992 and 2010. Methods: Data was obtained from the Canadian Cancer Registry, Canadian Vital Statistics, and the Canadian Urban Environmental Health Research Consortium. Medical insurance codes were obtained for forward sortation areas (FSAs). Environmental variables included: normalized difference vegetation index (NDVI) as a proxy for green space, precipitation, yearly temperature, and number of weather events between 1992-2010. Environmental exposures were modeled as tertiles via a two-level-random-effect generalized linear model to evaluate a dose-response relationship. Results: Across Canada, average annual temperature increased significantly between 1992 and 2010. Other significant increases included: average annual temperature, average amount of precipitation, as well as the average number of weather events of heat and rain. Greatest increases were observed in Newfoundland, PEI and Manitoba. A positive significant relationship between annual average temperature and melanoma incidence was confirmed (Beta: 6.23, 95%CI: 5.2, 9.93). With each increase in NDVI, the odds of melanoma doubled in high-risk FSAs compared to those with low-risk (OR 2.72, 95%CI: 2.49, 2.97) & OR 4.31, 95%CI: 3.91, 4.76, for tertiles 2 and 3 respectively. Discussion: Consistent strong positive relationships between the changes in environmental exposures and melanoma incidence were observed in this study. High ambient temperature leads to more time outdoors, less protective clothing, and greater number of sunburns. The presence of parks with an abundance of foliage may encourage the public to spend more time outdoors increasing UVR exposure. Public health advice may be improved by taking account of both temperature and green space accessibility and their implications for behaviour.

The impact of COVID-19 on skin cancer prevention efforts

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Background: We designed a longitudinal, rolling enrollment cohort study with retrospective chart review among people aged 20 years or older who had a diagnosis of skin cancer between 2010 and 2018 in the Northern Virginia Health District (NVHD). The study was conducted using the Virginia Cancer Registry (VCR). We used self-reported data on sunscreen use and skin protection practices in the past year and the past two years. One limitation of the study was that the VCR does not collect data on sun protection practices. Results: The mean age of the study population was 64.1 years (SD = 19.4 years). The majority of the participants were women (64.4%), white (84.1%), and had a high school education (69.5%). The percentage of participants who reported using sunscreen in the past year was 41.1% (95% CI: 37.0%, 45.3%) and in the past two years was 34.9% (95% CI: 30.8%, 39.2%). The percentage of participants who wore sun protective clothing in the past year was 78.0% (95% CI: 74.8%, 81.2%) and in the past two years was 69.4% (95% CI: 65.2%, 73.5%). The percentage of participants who reported using a sun block in the past year was 41.1% (95% CI: 37.0%, 45.3%) and in the past two years was 34.9% (95% CI: 30.8%, 39.2%). Conclusion: The COVID-19 pandemic has had a significant impact on skin cancer prevention efforts, and public health professionals should continue to promote sun protection practices to prevent skin cancer.

Association of multiplicity and venous insufficiency in Hispanic women

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Background: We sought to examine the association between venous insufficiency and lipodermatosclerosis (LS) in Hispanic women. Methods: We conducted a cross-sectional study of women with LS who presented to a tertiary care center in Miami, FL from June 2016 to June 2017. We collected demographic data and assessed venous function using a modified version of the Villalta score. We compared demographic and clinical characteristics of women with and without venous insufficiency. Multivariate logistic regression was used to determine the association between venous insufficiency and LS. Results: We enrolled 71 Hispanic women with LS. The mean age was 55.1 years (SD = 12.6 years) and 91.5% were women. The majority of women were born in South America (62.7%) and Mexican (61.5%). The mean Villalta score was 12.3 (SD = 5.7) and all women had LS stage II or greater. There was no significant difference in age, BMI, or Villalta score between women with and without venous insufficiency. However, women with venous insufficiency were more likely to have diabetes (60% vs 39.3%, p = 0.03), smoking history (31.8% vs 14.5%, p = 0.03), and hypertension (80.6% vs 66.7%, p = 0.04). Multivariate analysis adjusted for age, BMI, and smoking history showed that venous insufficiency was associated with LS (OR = 2.13, 95% CI: 1.07, 4.28, p = 0.03). Conclusion: Venous insufficiency may be a risk factor for LS in Hispanic women.