



AB002. Quality of life is inversely related to income in patients with cutaneous lupus

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Abstract: Recent studies demonstrated cutaneous lupus erythematosus (CLE)'s profound impact on quality of life (QoL), but few have examined the association between income and QoL in CLE patients. To address this knowledge gap, we performed a cross-sectional analysis of 238 patients with CLE from outpatient dermatology clinics at University of Texas Southwestern Medical Center and Parkland Health and Hospital System, a safety-net hospital in Dallas, TX, from November 2008 to December 2018. First, we investigated differences in overall QoL, as measured by the four SKINDEXTM 29+3 subdomain scores (emotions, function, symptoms and lupus-specific), amongst CLE patients of different income groups (<\$10,000/year, \$10,000–\$50,000/year, >\$50,000/year). Next, we identified which aspects of QoL, as specified by individual SKINDEXTM 29+3 questions, were most frequently impaired in CLE patients of various incomes. Chi-squared tests were used to assess how responses to each question varied across income groups. Of the 238 patients, the majority of patients earned between \$10,000–\$50,000/year (n=88) or <\$10,000/year

(n=85). The four SKINDEXTM 29+3 subdomain scores decreased as annual income increased. In all cases, the lowest income group had higher scores (or worse QoL) than the other two groups (P<0.05 for lupus-specific, P<0.01 for function and symptoms, P<0.001 for emotions). Chi-square results of all SKINDEXTM 29+3 questions with annual income revealed 9 significant questions. Compared with patients with \$10,000–\$50,000/year, and >\$50,000/year, those with <\$10,000/year more often reported impairment in aspects regarding emotion, such as anger and embarrassment, as well as general function, particularly pertaining to isolation and desire to be with others (P≤0.001 for all questions). In conclusion, we have shown that annual income has an inverse relationship to QoL in patients with CLE. Poor QoL, particularly in the context of social detachment, may hinder patients of low socioeconomic status to seek out necessary care, follow physician recommendations and communicate freely about changes in their disease state. We recommend clinicians remain cognizant of the socioeconomic status of patients with CLE, given its effects on their QoL.

Keywords: Quality of life (QoL); cutaneous lupus erythematosus (CLE); income

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