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34574

Systemic medication treatment patterns in adults with atopic dermatitis (AD): Results from the European Prospective Observational Study in Patients Eligible for Systemic Therapy for Atopic Dermatitis (EUROSTAD)



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Introduction: EUROSTAD (OBS14620) is an observational study of up to 60 months to characterize AD treatment in a real-world setting. Here, we describe systemic treatment-patterns in patients enrolled in EUROSTAD.

Methods: Individuals with AD, ≥ 18 years old and eligible for systemic treatment, were enrolled. Initial study period was 18 months but was amended to 60 months. Treatment was prescribed by study investigators as per clinical practice. Follow-up population is defined as all patients who have completed ≥ 1 follow-up visit. Reported data is descriptive from the full-analysis set at 24 months.

Results: 308 patients were enrolled (mean AD duration: 25.4 years). Most patients reported ≥ 1 systemic medication use at enrollment (92.5%). During follow-up ($n = 295$) most patients reported using either one (56.3%) or >1 (41.4%) systemic medication. Cyclosporin, dupilumab, corticosteroids and methotrexate were the most common systemic therapies. Most common reasons reported for treatment initiation were maintenance and exacerbation treatment (both 79.7%), while well-controlled disease (59.7%) and lack of efficacy (38.1%) were the most common reasons for discontinuation. Median duration of systemic treatment was between 1.1-13 months for the most common therapies (corticosteroids, 1.1 months [95% CI 1.0-1.5]; cyclosporin, 5.4 months [4.2-6.6], methotrexate, 13.0 months [8.9-16.9]); median duration of dupilumab treatment was not reached because $>50\%$ of patients were still on dupilumab at 24 months.

Conclusion: AD therapy was started for exacerbation or maintenance treatment and discontinued mainly due to lack of efficacy or well-controlled disease. Patients who initiated dupilumab were more likely to remain on dupilumab compared with other systemic therapies.

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34060

Teledermatology visits favor specific diagnosis codes



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Background: The COVID-19 pandemic sparked increased utilization of telemedicine services, as telemedicine offers care at a safe distance. Dermatology is well-suited for telemedicine due to its visual nature; however, concerns regarding diagnostic accuracy limit its widespread use. Visits for certain types of concerns may be more conducive to virtual visits than others. Further study of teledermatology may reveal trends in visit types and influence future integration into practice.

Methods: Thomas Jefferson University analyzed aggregated, de-identified data from FAIR Health's FH NPIC repository of privately insured medical claims, for telehealth services performed by dermatologists between 2019 and 2020 at urban and rural levels. Calculations were performed to determine the percentage of teledermatology visits that used specific diagnosis codes relative to all teledermatology visits. Visits were also assessed for the following parameters: demographics, diagnosis codes, and procedure codes.

Results: Diagnosis codes L70.0 and L71.0, which primarily pertain to acne and rosacea, comprised 61% and 75% of Disorders of Skin Appendages teledermatology claims in 2019 and 2020 respectively. In 2019, teledermatology visits most often used diagnosis codes L60-75 in both urban and rural locations (33.7% and 31.9%, respectively). Moreover, from 2019 to 2020, the percentage of teledermatology visits that used codes L60-75 was 1.35 times greater in urban locations and 1.48 times greater in rural locations.

Conclusions: Teledermatology visits favored specific diagnoses, specifically pertaining to acne and rosacea. This suggests that these diagnoses may be more conducive to virtual visits relative to other diagnoses such as skin neoplasms or papulosquamous disorders, including psoriasis.

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33892

Telehealth use at a specialty hidradenitis suppurativa clinic during the COVID-19 pandemic



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COVID-19 has increased the patient burden on medical centers, resulting in a greater reliance on the use of telehealth. As there are few hidradenitis suppurativa (HS) specialty clinics in the U.S. (33 as of 2021), the need for telehealth is even greater in the HS patient population. This study analyzed trends in telehealth usage at a specialty HS clinic during the COVID-19 pandemic. Patients with a diagnosis of HS seen by 2 providers who manage predominantly HS clinics at Beth Israel Deaconess Medical Center (BIDMC) between May 2020-March 2021 were included. Correlation between the number of total telehealth visits per month and the 7-day average of confirmed cases in Massachusetts at the first or second day of every month was calculated. Limitations include being a single-site study and a small sample size. Of 541 visits between May 2020-March 2021, 354 (65.4%) were in-person visits and 187 (34.6%) were telehealth. There was a weak negative correlation between the number of telehealth visits and the number of COVID-19 cases in Massachusetts, (Pearson's correlation coefficient $r = -0.214$, $P = .528$) which suggests a minimal relationship between the prevalence of COVID-19 and the use of telehealth. While COVID-19 may have been the impetus for the increase in telehealth use, patients and physicians continue to conduct a high number of telehealth visits despite COVID numbers. This is likely due to the decreased travel burden and the ability to address flares more urgently.

Commercial Disclosure: None identified.

33027

Telemedicine management of systemic therapy with isotretinoin of patients with moderate-to-severe acne during the COVID-19 pandemic: A longitudinal prospective feasibility study



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Background: Acne is one of the most common reasons for visiting a dermatologist. Even though it is not a life-threatening disease, acne can have a significant impact on the quality of life of patients with this condition and can also lead to permanent scarring. Early treatment of moderate to severe acne is key. The objective of this study was to assess the feasibility of managing and controlling moderate to severe acne with isotretinoin through teledermatology.

Materials and methods: Prospective longitudinal study of patients with moderate-to-severe acne suitable for oral isotretinoin managed through store-and-forward teledermatology. Family physician were instructed in taking clinical pictures through digital cameras or cell-phones using an app linked to a teledermatology platform. Acne severity was assessed using the Global Acne Grading System (GAGS).

Results: Fifty-three patients composed the intention-to-treat sample, and a total of 46 patients completed the treatment. The average cumulative dose was 123.66 mg/kg (95% CI 118.72-128.59), and the time on treatment 240.10 days. 79.25% of the patients achieved an 80% reduction in the basal GAGS score, and 58.49% achieved a 100% reduction. Final GAGS score showed an 87.94% reduction. Fifty-percent of patients developed mild adverse effects.

Conclusions: Store-and-forward teledermatology has been suitable for the diagnosis and treatment of patients with moderate-to-severe acne with oral isotretinoin during the COVID-19 pandemic.

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