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Teledermatology for acne during COVID-19: high patients' satisfaction in spite of the emergency

Editor

Acne is a chronic inflammatory skin disease affecting the 9.4% of global population.¹ Although it usually occurs in adolescents aged from 15 to 24 years old, it is not uncommon to develop in adults either.² Boys are more frequently affected, particularly with severe forms of the disease. An adequate and continuous treatment of the disease is required in order to reduce acne lesions, prevent permanent scarring and limit the duration of the disorder.³ Disease severity could also affect patients' quality of life, sometimes causing anxiety, depression and even suicide.⁴ With the implementation of new technologies, particularly mobile technologies, there is a growing use of smartphones and personal computers among the whole population, especially among teens and younger adults. Since the coronavirus disease 2019 (COVID-19) outbreak, different measures have been





applied in hospitals in order to avoid or limit as much as possible coronavirus infection spread, including the reduction of face-to-face visits and the implementation of teledermatology.^{5,6} Objective of our study was to assess how teledermatology visits were subjectively experienced by the patient as well as to identify how to improve the doctor–patient relationship and to satisfy patients' expectations. An observational prospective study was conducted at the Dermatology Unit of the University of Naples Federico II, Italy. Patients aged >18 years and already attending the Acne Care Centre before COVID-19 outbreak, who received their control visit through live interactive video-call visits, were asked to complete a 6-item questionnaire using a 0–10 scale (score 0–3: negative; 4–6: not bad not good; 7–10: positive) to assess how teledermatology visits were subjectively experienced. Informed consent was obtained during the visit, and the questionnaire was completed anonymously. Fifty-two patients (24 males and 28 females; aged 18–27 years; mean 22.5 years) were consecutively enrolled in the study. Overall, 48 (92.3%) out of 52 patients rated the attention paid by the dermatologist regarding their disease as favourable (score = 7–10). Similar outcomes (86.5%) were also reported from data regarding the evaluation of the time spent by the dermatologist for the visit.

Regarding the treatment received, 71% (37/52) of patients were satisfied with the treatment they received (score = 7–10), while 80.7% ($n = 42$; score = 7–10) reported high well-being after treatments. 46.1% of the patients ($n = 24$; score = 0–3) reported that side-effects did not represent a significant obstacle to continue the systemic therapies, and 50 patients (96.1%) related they will continue to consult the same dermatologists (score = 7–10). All the scores reported for each question and the complete questionnaire are reported in Table 1. Data from literature indicate teledermatology as a popular service among both patients and clinicians.⁷ Merthens *et al.*⁴ in their 14-year retrospective study in UK, based on 40201 teleconsultations, revealed that teledermatology service had been useful to prevent 16 282 face-to-face appointments. In line with literature,^{8–10} our questionnaire showed that the majority of patients (92.3%) appreciated the visits and the attention that physicians gave them, as well as the treatment received, with 90.3 % assessing they will continue to consult the same dermatologists. This is the first study assessing the grade of satisfaction of patients affected by acne disease after video-call visits. Limitations of our study were the lack of a validated questionnaire assessing the grade of patients' satisfaction for telemedicine services and the lack of randomization. Further studies on larger sample size regarding teledermatology in acne patients should extend beyond satisfaction and agreement to health outcomes and cost-effectiveness. However, because guidelines or official recommendations about the use and the efficacy of these new technologies are lacking, different experiences and strategies applied in different hospitals should be shared in order to find a common method well appreciated from both patients and physicians.

Table 1 6-item questionnaire using a 0–10 scale (score 0–3: negative; 4–6: not bad not good; 7–10: positive): scores reported in 52 acne patients

Scores	1a	1b	1c	1d	1e	1f
	% of patients (number of patients)	% of patients (number of patients)	% of patients (number of patients)	% of patients (number of patients)	% of patients (number of patients)	% of patients (number of patients)
0	0 (n = 0)	1.9 (n = 1)	1.9 (n = 1)	1.9 (n = 1)	5.8 (n = 3)	46.1 (n = 24)
1	0 (n = 0)	0 (n = 0)	3.8 (n = 2)	3.8 (n = 2)	7.7 (n = 4)	0 (n = 0)
2	0 (n = 0)	0 (n = 0)	1.9 (n = 1)	0 (n = 0)	5.9 (n = 3)	1.9 (n = 1)
3	1.9 (n = 1)	1.9 (n = 1)	1.9 (n = 1)	1.9 (n = 1)	3.8 (n = 2)	1.9 (n = 1)
4	0 (n = 0)	1.9 (n = 1)	1.9 (n = 1)	0 (n = 0)	27 (n = 14)	1.9 (n = 1)
5	1.9 (n = 1)	1.9 (n = 1)	1.9 (n = 1)	0 (n = 0)	15.4 (n = 8)	1.9 (n = 1)
6	3.8 (n = 2)	7.7 (n = 4)	15.3 (n = 8)	3.8 (n = 2)	3.8 (n = 2)	0 (n = 0)
7	7.7 (n = 4)	5.8 (n = 3)	7.7 (n = 4)	3.8 (n = 2)	80.7 (n = 47)	92.3 (n = 4)
8	11.5 (n = 6)	3.8 (n = 2)	11.5 (n = 6)	1.9 (n = 1)	3.8 (n = 2)	11.5 (n = 2)
9	19.2 (n = 10)	19.2 (n = 10)	13.5 (n = 7)	55.7 (n = 29)	1.9 (n = 1)	15.4 (n = 8)
10	53.8 (n = 28)	57.7 (n = 30)	38.5 (n = 20)	28.8 (n = 15)	0 (n = 0)	73.1 (n = 38)

(1a) How do you rate the attention paid by the doctor to your disease? (1b) How do you rate the time spent by the doctor with you? (1c) Are you satisfied about the treatment you are doing for acne? (1d) How do you rate your well-being after the treatment? (1e) Do side-effects represent an obstacle to continue the therapy? (1f) Do you think you will consult the same dermatologist?

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The red half-moon nail sign: a novel manifestation of coronavirus infection

Editor

The novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is the causative agent of the coronavirus disease 2019 (COVID-19). The pandemic condition was declared by the WHO on 11 March 2020.

The main clinical symptoms are fever, dry cough and dyspnoea, although new symptoms are emerging, such as diarrhoea, anosmia and ageusia. The virus enters cells, likely including