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Recommendations from cross-sectional, Chinese-language survey of knowledge and prevention of skin cancer among Chinese populations internationally

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Although there is evidence that skin cancer rates are increasing among Chinese populations, sociobehavioral understanding of perceptions and behaviors among the demographic globally relating to skin cancer risks and protection are poorly understood. We report the current knowledge and beliefs of Chinese populations in North America and Asia regarding skin cancer and propose recommendations for closing the gap. Participants recruited via social media answered a 74-question, internet-based survey in Chinese. Comparisons with chi-squared and Fisher's exact tests were made between responses by Chinese participants in Asia versus in North America and by those with modified Fitzpatrick scores ≤ 14 versus ≥ 15 . Of the 113 completed responses (participation rate of 65.7%), 84.1% were Han Chinese, 96.9% were born in China, and 71.4% resided in China. Few but more North American Chinese than Chinese Asians received annual skin checks (4.2% vs 0%, $p=0.0086$) and believe that their clinician provided adequate sun safety education (43.3% vs 23.1%, $p=0.0441$). Participants with higher Fitzpatrick scores less frequently received sun safety education from a clinician (11.8% vs 36.1%, $p=0.0154$). More participants with lower Fitzpatrick scores use sunscreen (67.2% vs 47.1%, $p=0.0546$), but alternative sun protection usage rates are similar across groups. In conclusion, cultural differences and Fitzpatrick scores can affect knowledge and practices with respect to sun protection and skin cancer among Asian and North American Chinese communities. Through a collective and adaptive effort across all levels of healthcare, knowledge and practices with respect to sun protection and skin cancer can be improved to reduce morbidity and mortality among Chinese populations globally.



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Analysis of dermatology consultation follow-up after emergency department evaluation: An assessment of disparities and potential interventions to increase post-discharge care among vulnerable populations

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The emergency department(ED) is a frequent source of care for patients with dermatologic disease likely owing to limited access to routine and urgent outpatient dermatologic care. Patients without adequate follow-up planning are at risk for re-presentation to the ED. A retrospective chart review of 152 adult patients who received a dermatology consultation while in the ED for diagnosis and outcomes. 112(73.7%) patients were referred for outpatient dermatology follow-up. An electronic referral resulted in most appointments being scheduled(74.6%) and ultimately attended(90.1%). Expecting the patient to call independently resulted in the lowest rates of scheduled appointments(30.0%). Risk factors for not attending a scheduled appointment include being widowed(OR 11.38, $p=0.01$), unemployed(OR 8.30, $p=0.03$), and having unstable housing(OR 19.91, $p<0.05$). 10.5% re-presented to the ED within 30 days. Patients who re-presented were more likely to have a history of substance use disorder($p=0.04$), had received a psychiatry/addiction medicine consult($p=0.01$), and/or were recommended follow-up within 3-4 weeks($p=0.01$). Significant predictors of re-presentation included frequent ED history(OR 4.66, $p=0.03$), initial refusal of treatment(OR 19.24, $p=0.01$), and Black or African American race(OR 5.16, $p=0.02$). We identify risk factors for patients who may benefit from additional attention during care planning due to re-presentation risk.



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Improving hairdressers' knowledge and identification of hair loss disorders with use of an educational video

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Hair loss, regardless of cause, can have a significant impact on self-esteem, mental health, and quality of life. Early detection and treatment help to improve outcomes and lessen the emotional burden on patients. Lichen planopilaris (LPP), frontal fibrosing alopecia (FFA), and central centrifugal cicatricial alopecia (CCCA) are forms of scarring alopecia that primarily affect women. Haircare professionals are often the first to note signs and symptoms of hair loss in their clients. However, the signs of hair loss, especially cicatricial alopecia (CA), for which early intervention is paramount, are not well known by hair stylists. We conducted a single-group, pretest-posttest intervention study to assess the use of an educational video in training hairdressers to identify signs of CA. Subjects included 40 hairdressers with a mean age of 44.1 and a mean of 20.3 years' experience in haircare. Subjects completed a pre- and post-video questionnaire that assessed the subjects' ability to identify clinical signs of scarring alopecia. Subjects showed increased knowledge about signs of CA after watching the video, with significantly more hair stylists correctly identifying perifollicular scale and redness as a sign of CA after watching the educational video compared to before (90% vs 50%, $p<.001$). Subjects also had increased ability to correctly identify photographs of persons with CA after watching the video (82.5% vs 57.5%, $p=.003$). Our data demonstrate that the education of hair stylists using a video can be effective in improving hairdressers' ability to identify signs of CA. These results echo previous studies that have shown the effectiveness of videos in training hairdressers to detect melanoma. This intervention could lead to recommendations to seek dermatologic care and earlier treatment, improving patient outcomes.



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Transition of care in patients with epidermolysis bullosa: A survey study

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Epidermolysis bullosa (EB) is a rare hereditary blistering condition with a wide spectrum of disease severity. Children with severe forms of EB have multi-disciplinary medical needs including wound treatments, infection management, nutritional maximization, and psychosocial support. These needs are initially addressed early on in the pediatric setting, but patients eventually age out of the pediatric sphere, transitioning to adult specialists. Furthermore, transition of care is fraught with emotional stress and logistical difficulties for patients and their families. There is little published data on transition of care in EB. We aimed to identify at what rate EB patients successfully transition to adult care and outline the barriers they face along the way. We conducted a survey study recruiting EB patients from the Dystrophic EB Research Association (Debra) website and centers caring for high numbers of EB patients in the United States and internationally from Sept 17, 2019 to Nov 3, 2021. Among adult patients (≥ 18 years) nine percent of adults identified a pediatrician as their primary care provider. The majority of participants have not discussed transition of care with their healthcare providers nor the healthcare needs required as an adult. Ongoing pediatric subspecialty care was reported by 12% of adults, most commonly in pediatric dermatology and pediatric cardiology. Identified barriers to transition included the perceived lack of adult providers' knowledge about EB patient healthcare needs including challenges with physical activity, work, foot health, hot climate, oral health, and cost of care. Our study suggests the need for transition guidelines, early discussions with families about transition, and practical information for the adult providers accepting care.



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Comparing patient perspectives towards treatment for alopecia areata before and during COVID-19 using social media data mining

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Alopecia Areata (AA) is often associated with psychosocial distress due to its chronic nature and clinical presentation. Though treatment modalities are available, little is known regarding the emotional responses to these treatments. Thus, treatment response may not always match patient perceived efficacy of treatment or underlying emotional response. The restrictions and lockdowns associated with COVID-19 may change patient perspective towards treatments for AA. Brandwatch, an artificial intelligence-powered social media database was used to identify publicly available social media posts regarding AA treatment modalities before COVID-19 (May 2008- February 2020) and during COVID-19 (February 2020 – April 2021). Natural language processing was used to grade posts based on the Patient Global Impression of Change (PGIC) scale to assess patient-perceived clinical efficacy towards treatment. Emolex was used to determine underlying patient emotions which were compared to PGIC value for each post. 43,969 full-text posts were identified for minoxidil, dexamethasone, prednisone, and JAK inhibitors before COVID-19 and 5701 were identified during COVID-19. Minoxidil, prednisone, and dexamethasone were associated with more positive than negative sentiment during COVID-19 compared to pre-COVID-19 in posts with positive patient perceived efficacy of treatment. In the future, full text analysis will be done to identify and quantify specific reasons for these differences, such as increased rates of telemedicine, fewer aesthetic procedures, and reduced patient load in clinics. Understanding patient perspective towards treatment of AA may improve patient-centered care.



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Googling acne: Analyzing ingredients and price of over the counter acne products

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Introduction: Given the convenience of the over-the-counter (OTC) market, many individuals trial OTC products as a means to combat their acne. Within the OTC acne market, there is great heterogeneity in ingredients and price. Herein, we analyze the distribution of ingredients and price among OTC acne products in top Google searches, which the public may encounter when performing an online search. Methods: Google searches for key terms "acne", "acne treatment", "top acne treatment", and "best acne regimen" were performed. Unique acne products for the first 100 websites for each term were collected. Summary statistics for median, range, mean, and standard deviation for price per topical therapy were analyzed. A factorial ANOVA was performed assessing effect of ingredient on price. Results: A total of 272 unique products were collected out of the 400 websites analyzed. The mean price per ounce of all products was \$24.79 (standard deviation of \$31.84) and median[range] was \$10.40 [\$0.28-\$166]. Retinol ($p<0.001$), resorcinol ($p=0.013$), and tea tree oil ($p=0.001$) were associated with higher product prices. Notably, 12% of products (10% benzoyl peroxide(BPO), 2% adapalene) contained an active ingredient that carries a grade A strength of recommendation based on AAD clinical guidelines. BPO products were the most affordable with average price per ounce (median [range]) of \$8.15 [0.91-138.16]. Adapalene products had an average price per ounce of \$18.74 [\$12.26-\$29.37]. Conclusion: Providers play an important role in educating and helping patients to navigate the OTC market. Based on efficacy and affordability, benzoyl peroxide and adapalene should remain the active ingredient of choice when turning to the OTC market. Given the heterogeneity of the OTC market, patients should carefully evaluate OTC products and be aware that not all products will have ingredients containing a grade A strength of recommendation and know that products with the same topical therapy can vary dramatically in price.

