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33731

Use of digital resource centers for atopic dermatitis patients, caregivers, and health care professionals to improve shared decision-making and proactive management



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Overview: To close gaps in atopic dermatitis (AD) care, we developed and analyzed aligned resource centers for patients/caregivers and health care professionals (HCPs).

Methods: The patient resource center was designed to support patients/caregivers in being more proactive in their AD care. The HCP-targeted resource center aimed to increase their awareness of AD patient perspectives and improve communication. Surveys were completed by users of both resource centers.

Results: Of the 1014 HCPs, 22% were physicians (30% specialists), 19% were nurse practitioners/physician assistants, 47% were nurses, and 12% were pharmacists. Approximately one-half of 801 patients (98% adults) reported that they only treat their AD when experiencing a flare, and only 30% were very satisfied with their care. Only 56% indicated that they make all decisions with their HCP, and only 22% of HCPs reported that they always involve their AD patients/caregivers in shared decision-making. Only 21% of patients always share preferences, goals, or concerns about AD with their HCP, and only 6% of HCPs rated their ability to ask about and understand the impact of AD on patients' quality of life as "very good." Actions that patients planned to take included proactive skin care, asking their HCP about additional treatment options, and telling their HCP about the impact of AD on their quality of life. Nearly 60% of 764 HCPs planned to educate AD patients/caregivers about treatment options and expectations.

Conclusions: These results highlight communication gaps between AD patients/caregivers and HCPs. Insights from these data can be used to improve shared decision-making.

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33031

Use of topical tranexamic acid in patients with melasma: A narrative review



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Background: Oral tranexamic acid (TXA) is an effective treatment for melasma likely via its effects on the plasminogen pathway. However, there are several potential side effects including thromboembolism. Topical TXA may be useful for melasma, but the efficacy is largely unknown.

Objectives: To determine the efficacy of topical TXA for melasma by reviewing studies comparing topical TXA to oral TXA and other topicals. Additionally, to determine if methods that may improve penetrance increase the potential benefit and to summarize any reported side effects.

Methods: A review of the literature was performed for studies using topical TXA for melasma.

Results: Only one study compared oral to topical TXA, with superior results from oral TXA. But several studies compared with topical TXA to topical hydroquinone (HQ) and all found similar decreases in Melasma Area Severity Index scores. However, there were more side effects (erythema and irritation) and lower patient satisfaction with HQ. Two studies found that topical TXA with micro-needling may significantly improve results compared with topical TXA alone and one study found that combined use with a fractional CO₂ laser also improved results. Most studies used 5% TXA solution twice daily.

Discussion: Overall, topical TXA may be as effective as topical HQ, but TXA may be better tolerated. Concomitant micro-needling or laser treatment likely increases the benefit but there are limited studies. There is also limited evidence comparing oral to topical TXA but given the known risks with oral TXA, topical TXA may be a reasonable and safe treatment option for melasma.

Commercial Disclosure: None identified.

31876

Usefulness of noninvasive management with the gutter method for epidermal growth factor receptor inhibitor-induced paronychia, pyogenic granuloma-like lesion, and ingrown nail



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Background: Nail complications such as paronychia, pyogenic granuloma-like lesions, and ingrown nail are common adverse events of epidermal growth factor receptor (EGFR) inhibitors. They frequently cause severe pain and are refractory. The gutter method is a nonsurgical treatment for ingrown nail in which a plastic tube is inserted between the nail plate and the nail fold. Reports on its effectiveness for EGFR inhibitor-induced nail complications are quite limited.

Objective: We investigated characteristics of EGFR-inhibitor-induced nail complications and usefulness of the gutter method.

Methods: Patients with EGFR inhibitor-induced nail complications treated with the gutter method were included in this study. "Treatment success" was defined as conditions in which no ulcer, pyogenic granuloma-like lesion, nor pain is observed within one month after the first gutter method treatment.

Results: Data on 11 patients were analyzed. The mean time at onset of nail complications after initiating an EGFR inhibitor was 10.0 ± 6.3 weeks. The nail complications occurred the most frequently at the great toe. Nine in 11 patients achieved "treatment success". The pain VAS scores significantly decreased from 71.4 ± 12.7 to 15.1 ± 16.1 in one week ($P = .0156$). Limitations: The small number of cases.

Conclusion: The noninvasive management with gutter method treatment is useful for EGFR-induced nail complications.

Commercial Disclosure: None identified.

32652

Using shared decision-making communication strategies to improve outcomes for patients with atopic dermatitis: Results of a national scope continuing medical education initiative



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An online national-scope 1-credit continuing medical education (CME) activity targeted at primary care clinicians, pediatricians, dermatologists, and allergists focused on educating as many clinicians as possible on what shared decision-making (SDM) is and how it can improve outcomes in patients with atopic dermatitis (AD). It also encouraged providers to share National Eczema Association's patient platform, EczemaWise, with as many patients as possible. The activity, available through three of the largest CME distribution channels in the United States, included video vignettes with examples of effective communication and SDM between real clinicians and patients with AD. The initiative educated 17,940 learners, and 400 patients enrolled in EczemaWise. Based on 5 pre/post multiple choice questions, knowledge test scores increased statistically significantly and similarly across each of the 3 distribution channels, ranging from 60%-62% correct pre to 89%-93% correct post ($P < .001$, paired t-test, large effect size for each—Cohen's $d \geq 1.15$). 12,130 learners had National Provider Identifier numbers, of which 5698 were matched against a national medical claims database (de-identified, HIPAA-compliant) to objectively determine the number of patients with AD the learners treat annually. Verified in the claims data, these learners managed at least 31,830 patients already diagnosed with AD, in the last year. This indicates the scope of potential positive impact on patients with AD based on the significant and large increases in knowledge among the learners. The cost of development, implementation, and evaluation of the initiative per confirmed patient with AD ranged from \$4.47 to \$11.15, depending on the distribution channel.

Commercial Disclosure: None identified.