

Atopic Dermatitis: Impact on Patient and Family Quality of Life

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Introduction

- Childhood atopic dermatitis (AD) has a profound impact on patient and caregiver quality of life (QOL).
- Our pediatric dermatology clinic has a pediatric psychologist who can assist with behavioral health support, such as coping skills for dealing with a chronic disease and behavior modification for itch/scratch cycle.
- Although there is research on QOL in AD and factors that lead to worse QOL, there is limited information on how QOL might be supported by psychology in AD.
- This exploratory study aims to understand how moderate to severe childhood AD impacts a child and their families' QOL and gauge interest in meeting with a behavioral health provider and understand what barriers exist.

Methods

This study was approved by Dell Medical School's IRB.

Inclusion criteria

- First time patient at Dell Children's Pediatric Dermatology Clinic
- Diagnosis of moderate or severe AD, determined by a board-certified pediatric dermatologist during the visit, via the Validated Investigator Global Assessment-Atopic Dermatitis™
- Age 6 months-16 years
- Speaks English or Spanish
- No comorbid medical problems requiring daily care
- No prior psychology visits

Patient and Family Surveys

Questionnaire themes:

- Household: number of children with or without complex health issues
- Financial: average household income, caregiver employment status
- Psychosocial: primary caregiver's marital status and highest level of education, additional caretakers, interest in meeting with a psychologist for skin concerns, coping strategies, and potential barriers

Validated Dermatology QOL Surveys

Children's (patients 3-16 years) OR Infant's (<3 years old) dermatology life quality index (DLQI) AND Family DLQI

Statistics: Data was analyzed via descriptive statistics and paired sample t-tests

Results

N = 42 total children with moderate (n=31) or severe (n=11) AD

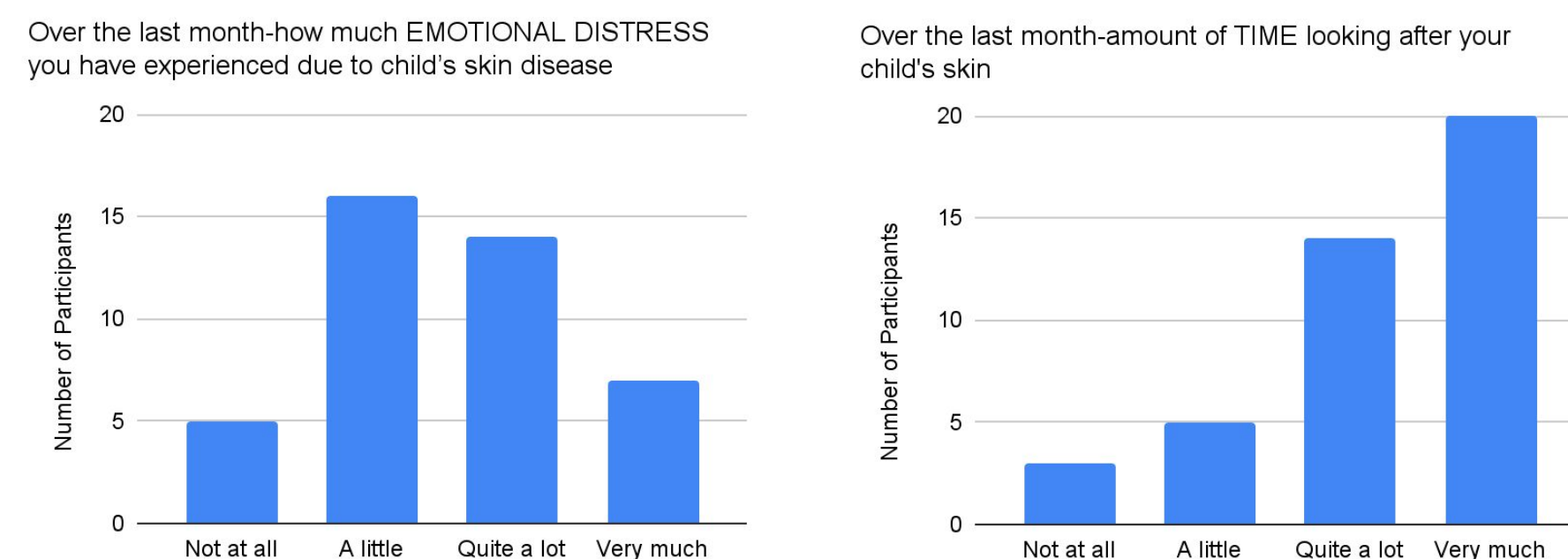
Table 1. Family demographics

Demographic Factor	Response Choice	Percent of Participants
Marital Status	Married	62%
Average Household Income	<\$25,000	24%
	\$25K-\$40K	27%
	\$40K-\$59K	11%
	\$60K-74K	8%
	>\$75K	30%
Primary Caregiver Highest Level of Education	Less than high school	5%
	High school	55%
	Higher education	40%
Additional Caretakers	None	58%
Employment Status	Only one parent employed	62%
Other Children with Complex Medical Issues	Yes	16%

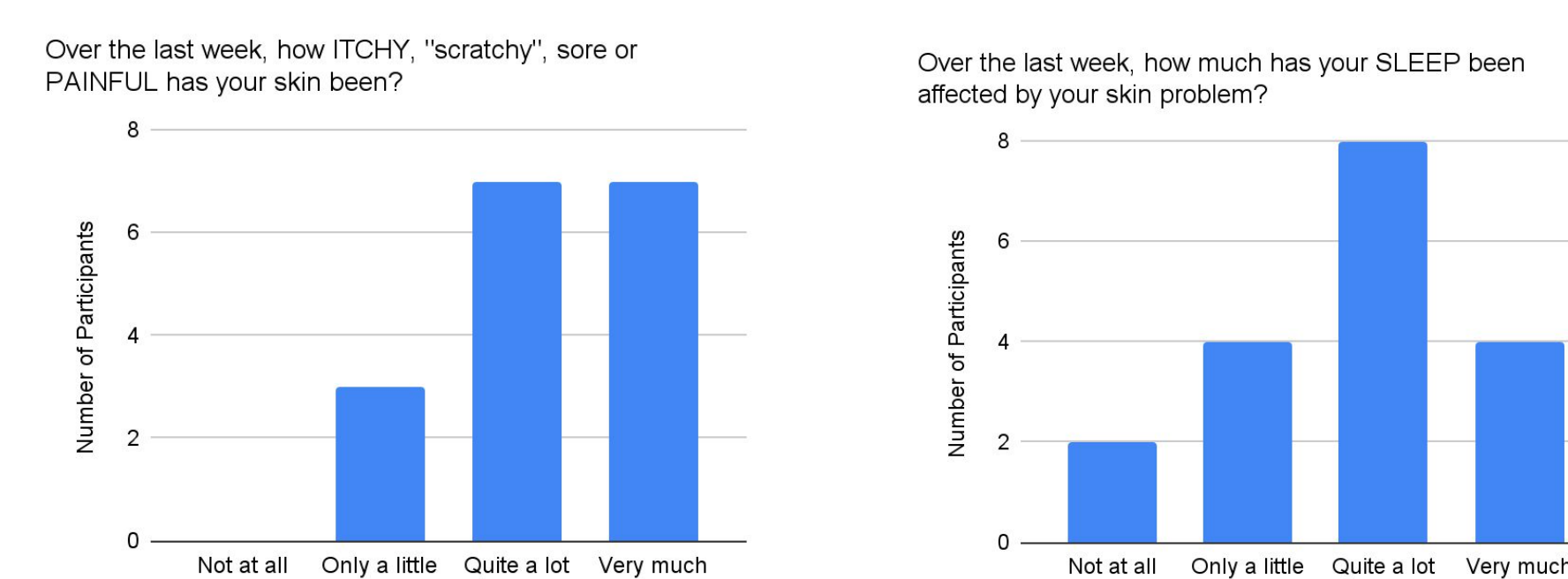
Table 2. QOL Scores. Scores range from 0-30
A higher score = worse QOL

DLQI	Mean Score
Infant	10.7
Children	11.8
Family	10.6

Figures 1 & 2. Top 2 Family DLQI questions with the most number of caregivers answering they were in some way affected

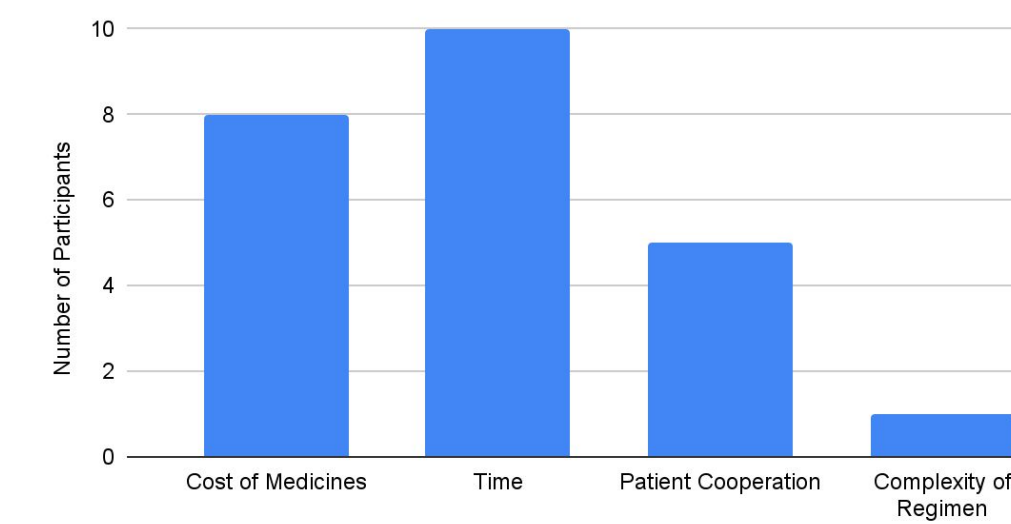


Figures 3 & 4. Top 2 Child DLQI* questions with the most number of participants answering they were in some way affected



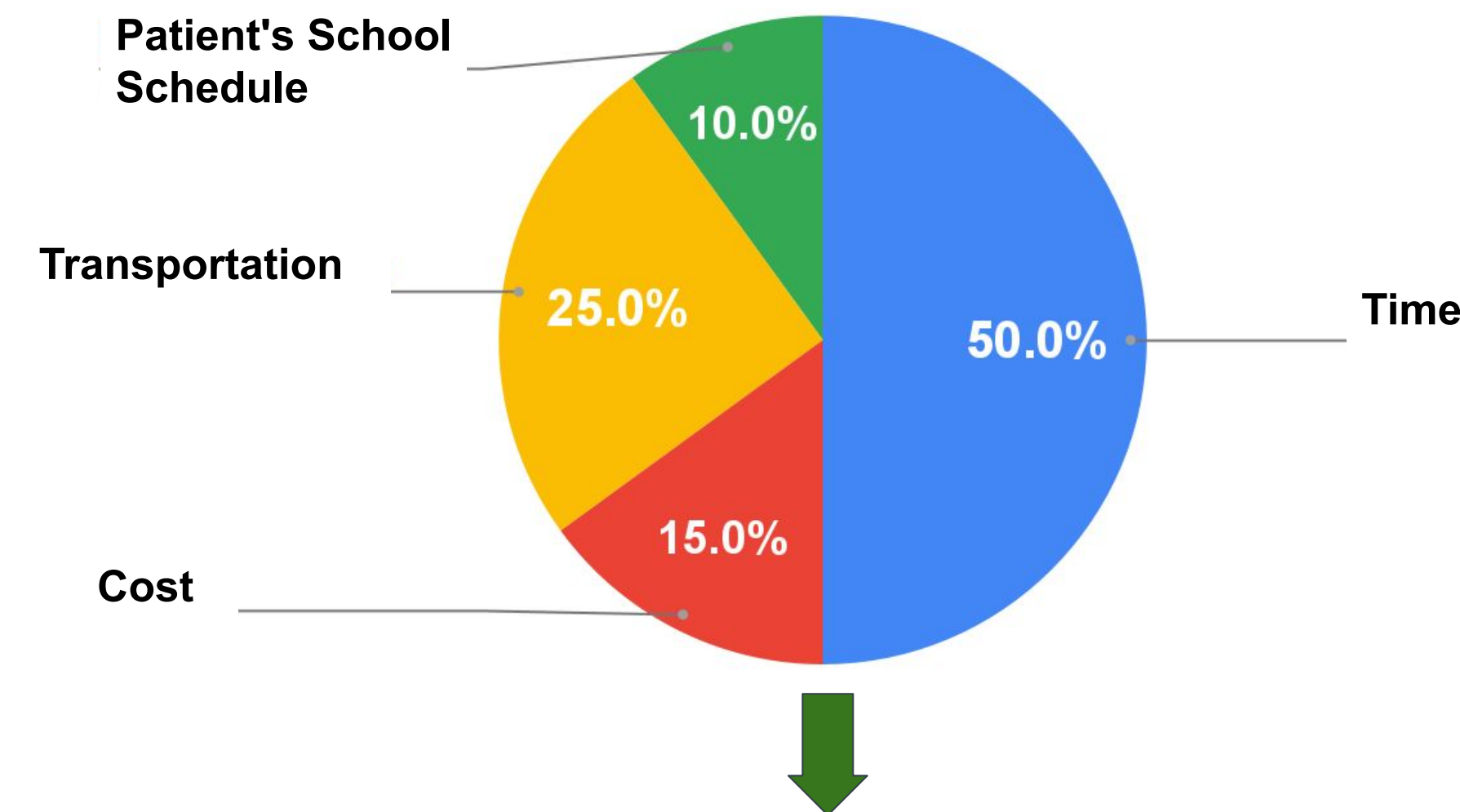
*Infant DLQI outcomes were similar-with itching and sleep being the top 2

Figure 5. Main barriers to implementing AD treatment plans



Interest in psychological support: >50% of caregivers indicated interest in meeting with a licensed psychologist for AD-related issues

Figure 6. Out of those who were interested, these were barriers to access:



There was no significant difference in FDLQI scores between those who were interested vs. those who were not (P=0.07)

Those that were more likely to be interested in seeing a psychologist:

- Lower income:** 78% of those with <\$25K annual income were interested, more so than higher income categories
- Lower education level:** 100% of those with less than high school education and 68% with high school only said yes, as compared to the most advanced degrees (14%)

Discussion

- Children had the highest DLQI scores, indicative of worse quality of life, when compared to both infant and family scores, which could indicate a population which struggles more with management of AD
- Parents of children with moderate/severe AD are interested in seeing psychology regardless of QOL scores, which may suggest absence of severity dependent effect.
- Half of participants voiced interest in psychological support, which highlights the need for additional mental health support.
- Lower income and education levels were more likely to express interest in psychological support.
- Future studies should consider barriers to accessing psychology including access to specialty-trained psychologists.
- Areas where psychological support may be needed include reducing the scratch-itch cycle, increasing medication compliance, identifying itch triggers, and behavior management strategies.
- Additionally, there may be bias in responses given the stigma around seeing a psychologist.
- Limitations include a small sample size and recruiting from one pediatric dermatology clinical site.

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