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INTRODUCTION

Psoriasis (PS), atopic dermatitis (AD), hidradenitis suppurativa (HS) and chronic urticaria (CU) together affect one in five French adults with substantial adverse impact on daily life. The purpose of this unique cohort, the largest to date in Europe to our knowledge, is to determine for the first time the relative impact of CISD on sufferers' lives, and long-term follow-up will provide important information about how each disease progresses on treatment, notably how new treatment modalities are affecting outcomes, and understand therapeutic switches and their consequences. We present here the preliminary baseline findings.

MATERIALS And METHODS

All eligible consulting adult patients with moderate-to-severe AD, HS, PS or CU were included. Data on disease history, severity, treatment and therapeutic switches are recorded by the Investigator in the framework of routine care at an Inclusion Visit and thereafter once a year over a period of up to four years; data on disease impact are collected directly from the patient every six months.

RESULTS

1597 patients were included between 11 December 2020 and 30 March 2022 by 17 dermatologists both in private and hospital practice of the OMCCI group. Disease impact was qualified as Very or Fairly Incapacitating by 84.9% (AD), 90.1% (HS), 73.1% (PS) and 87.3% (CU), affecting not only daily life but also family (under one-half living in a couple for HS) and professional life. According to the 12-item Short-Form Survey, impacts of all four diseases were borderline pathological for both mental and physical dimensions although PS had the least impact in both. In the preceding six months, 30.6% (AD), 39.2% (HS) and 44.2% (CU) of patients in work had taken time off (compared with just 16.4% of PS patients), and 25.3% of HS patients had been admitted into hospital or sought specialist outpatient care (compared with 6-12% of patients with AD, PS or CU).

	AD (n=306)	HS (n=226)	PS (n=899)	CU (n=166)	Total (n=1597)
Gender (% female)	53.6	62.7	40.8	73.5	49.7
Age (median)	34	31	47	40	41
Age > 50 years (%)	23.9	4.5	43.5	30.9	32.9
Living with a partner (%)	57.6	48.0	68.4	60.0	62.6
In employment or on sick leave (%)	66.7	74.3	68.5	66.0	68.8
Severity evaluation (median)	18 ¹	10 ²	10 ³	7 ⁴	-
Impact on professional life ⁴ (median)	7	7	5	7	6
Age at diagnosis (median)	5	22	25	34	22
Years since diagnosis (median)	24	6	17	2	15
Dermatology Life Quality Index >10 (%)	55.9	68.1	46.6	47.6	51.5
Treatments at inclusion ⁵ (%)					
<i>Biologic/biosimilar</i>	58.8	54.0	66.4	78.3	64.4
<i>Systemic</i>	17.0	4.9	25.6	6.6	19.0
<i>Antihistamines</i>	1.3	0	0	66.3	7.1
<i>Antibiotic</i>	0	48.7	0	0	6.9
<i>JAK inhibitors (JAKis)</i>	21.6	0	0	0	4.1

1 Eczema Area and Severity Index

2 International Hidradenitis Suppurativa Severity Score System

3 Psoriasis Area and Severity Index

4 Visual Analogic Scale (VAS: 0-10)

5 Initiation or ongoing at inclusion

CONCLUSION

Already at the beginning of this unique study, evolving patterns are emerging, notably the extent to which patients' lives are impacted by CU and HS, and lessening of the severity and impact of PS due to modern treatment. While not life-threatening, common and often-refractory-to-treatment CISDs are having major impact on all aspects of quality of life in a substantial population. This study will highlight the place of dermatology in public health priorities and promote the use of powerful systemic drugs (biologics/biosimilars, JAKis) when necessary: such a study must make dermatologists aware of the major impact of these diseases and lift a brake on the prescription of such drugs.