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INTRODUCTION

Studies into the effectiveness of the various therapeutic treatments for atopic dermatitis (AD) focus primarily on analyzing their results, their maintenance over time and their side-effects. Few studies have focused on identifying patients for whom treatment has been initiated but who do not take it.

MATERIALS and METHODES

We analysed the demographic, social and clinical characteristics of patients lost to hyper-early diagnosis (PPHP), defined as those included at the screening visit and not seen again at the 6- and 12-month visits, and compared them with the compliant population (PO) who were still taking their treatment at the M24 visit. These data corresponded to those available during a standard outpatient dermatology consultation and not to a research protocol.

RESULTS and DISCUSSION

The number of PPHPs (patients patients lost to hyper-early diagnosis) was 28 out of a total population of 679, representing 4.1%.

Socio-demographic data revealed no statistically significant differences between groups in terms of age, sex, age group, family situation, number of household members, highest qualification obtained, type of occupation, or type of social insurance.

Regarding disease activity, 36% of PPHPs had an EASI score <7, compared to 13% of POs (patients only treated as outpatients); 52% had an EASI score between 7 and 21, versus 50.5% of POs; and 12% had an EASI score >21, compared to 36.3% of POs.

The mean age at disease onset in the PPHP group was 10 ± 20.6 years, with a median of 1 year, compared to 14.7 ± 20 years and a median of 5 years in the PO group.

Satisfaction with the therapeutic solution for atopic dermatitis was reported as positive by 82.1% of PPHPs, versus 14.2% of POs (p < 0.001). In contrast, discomfort due to atopic dermatitis was more frequently reported among POs (92.6% very or fairly discomforting) compared to 82.1% in the PPHP group.

No significant differences were found between the groups in terms of disease duration, number of hospitalizations in the past six months, affected anatomical sites, disease progression during that period, DLQI or SF-12 quality of life scores, work absenteeism, or self-reported treatment adherence.

The primary management failure rate of 4.1% is a notable finding. Based on data available in routine outpatient practice, patients with early-onset AD (typically in infancy) and an EASI score <7 represent a distinct subgroup with better tolerance to atopic dermatitis compared to those managed exclusively as outpatients.

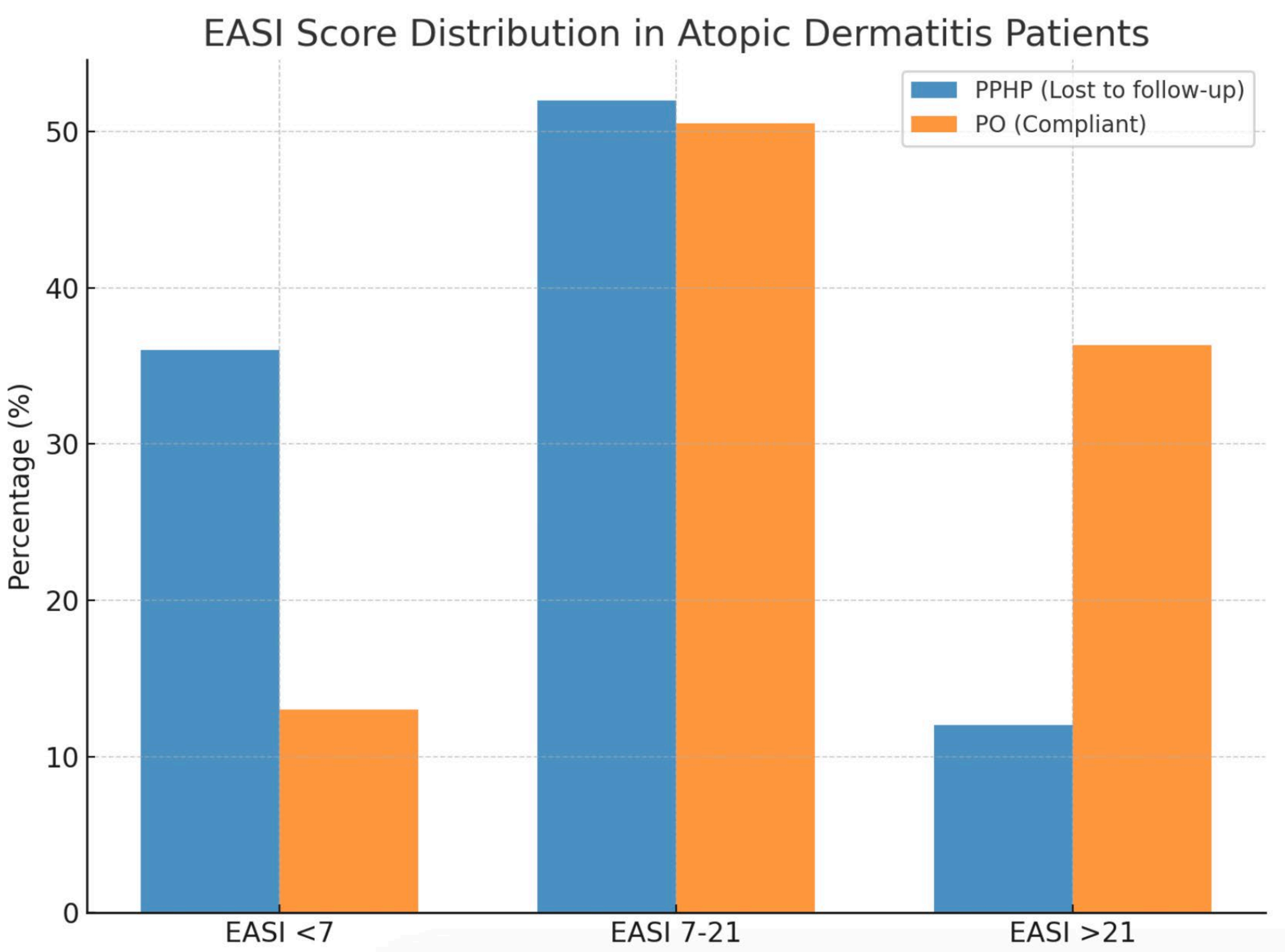


Figure 1: Representative graphic comparing EASI score distributions between patients lost to follow-up (PPHP) and compliant patients (PO).

CONCLUSION

AD is a disease that can occur at any age. Clearly, some patients may develop resilience and Less adherence to treatment. This makes them less receptive to medical treatment. It is very likely that the repeated failures of the therapeutic promises that have marked out their pathway explain this non-adherence. Holistic treatment with psychological follow-up would certainly optimise Their therapeutic management.