



Christian Dorado Cortez¹, François Maccari², Diane Pourchot³, Eric esteve⁴, Antoine Badaoui⁵, Nathalie Quiles Tsimaratos⁶, Dalila Simonian⁷, Jean Luc Perrot¹

¹ CHU Nord Saint-Étienne, dermatology, Saint-Priest-en-Jarez, France, ² Private Office, La Varenne, St Hilaire, France, ³ Centre Hospitalier Victor Dupouy, Argenteuil, France, ⁴ Hospital Center Universitaire D'orléans, Orléans, France, ⁵ Privately-practising Dermatologist, Paris, France; ⁶ Dermatolog, Department, Military Teaching Hospital, St Mandé, Franc, saint mande, France, ⁷ Hôpital Saint Joseph, Marseille, France, ⁸ ResoVerneuil, Ville, France

INTRODUCTION

Pivotal studies of systemic treatments for inflammatory dermatoses focus mainly on the efficacy and side-effects of the treatments. However, in everyday life, some patients escape treatment as soon as this type of treatment is initiated. We sought to characterise this therapeutic escape according to the nature of the pathology (psoriasis (P), hidradenitis suppurativa (HS), atopic dermatitis (AD) and chronic urticaria (UCS) in a multicentre prospective French series (the OMCCI study Observatoire des maladies cutanées chroniques).

MATERIALS and METHODES

We analysed the demographic and social characteristics and the feelings of patients who were lost to follow-up hyper-early (LFHE), defined as those included at the screening visit and not seen again at the 6- and 12-month visits, and compared them with the population who were observant (PO) and still continuing their treatment at the M24 visit.

RESULTS and DISCUSSION

PPHPs are not an exceptional occurrence, affecting 5.23% of our overall population and 12.35% of HS patients. The effectiveness of the treatments and confidence in our therapeutic practices may be to blame, as only 1.7% of PH patients are affected. Moreover, this is a young population with poorer social security cover, more job-seeking and a more recent illness. Paradoxically, this population has a poorer quality of life and greater dissatisfaction with treatment than the OP.

CONCLUSION

By better profiling patients at risk of LFHE, we could try to improve their compliance with treatment, although more in-depth work is needed to characterise this subgroup. It appears that the diseases for which we have been providing the most effective therapeutic response for the longest are spared more than others. Stress on the part of our patients, who are subjected to multiple failures, is probably to be taken into account.