

Patient and Healthcare Provider Perspectives on the Path to Diagnosis of Seborrheic Dermatitis: Results From a National Survey of Adults With Seborrheic Dermatitis in the United States

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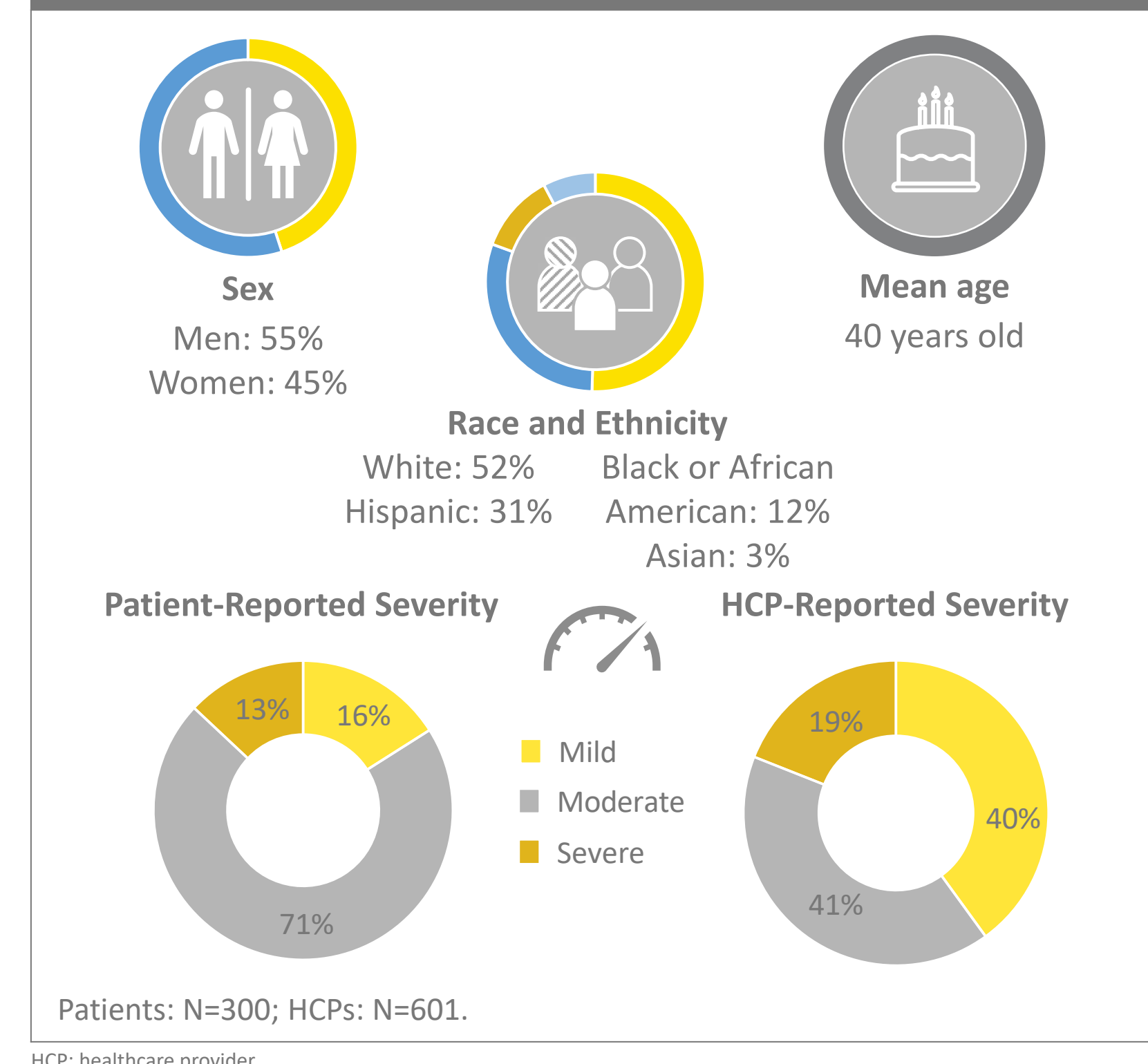
INTRODUCTION

- Seborrheic dermatitis (SD) is a common chronic inflammatory skin disease with a worldwide prevalence of up to 5%¹; however, little is known about patient and provider views, preferences, impressions, and path to diagnosis of SD
- The authors developed an online survey, conducted by the Harris Poll, on burden, experiences, and preferences of patients with SD and healthcare providers (HCPs)
- This poster presents the results related to the path to diagnosis of SD

METHODS

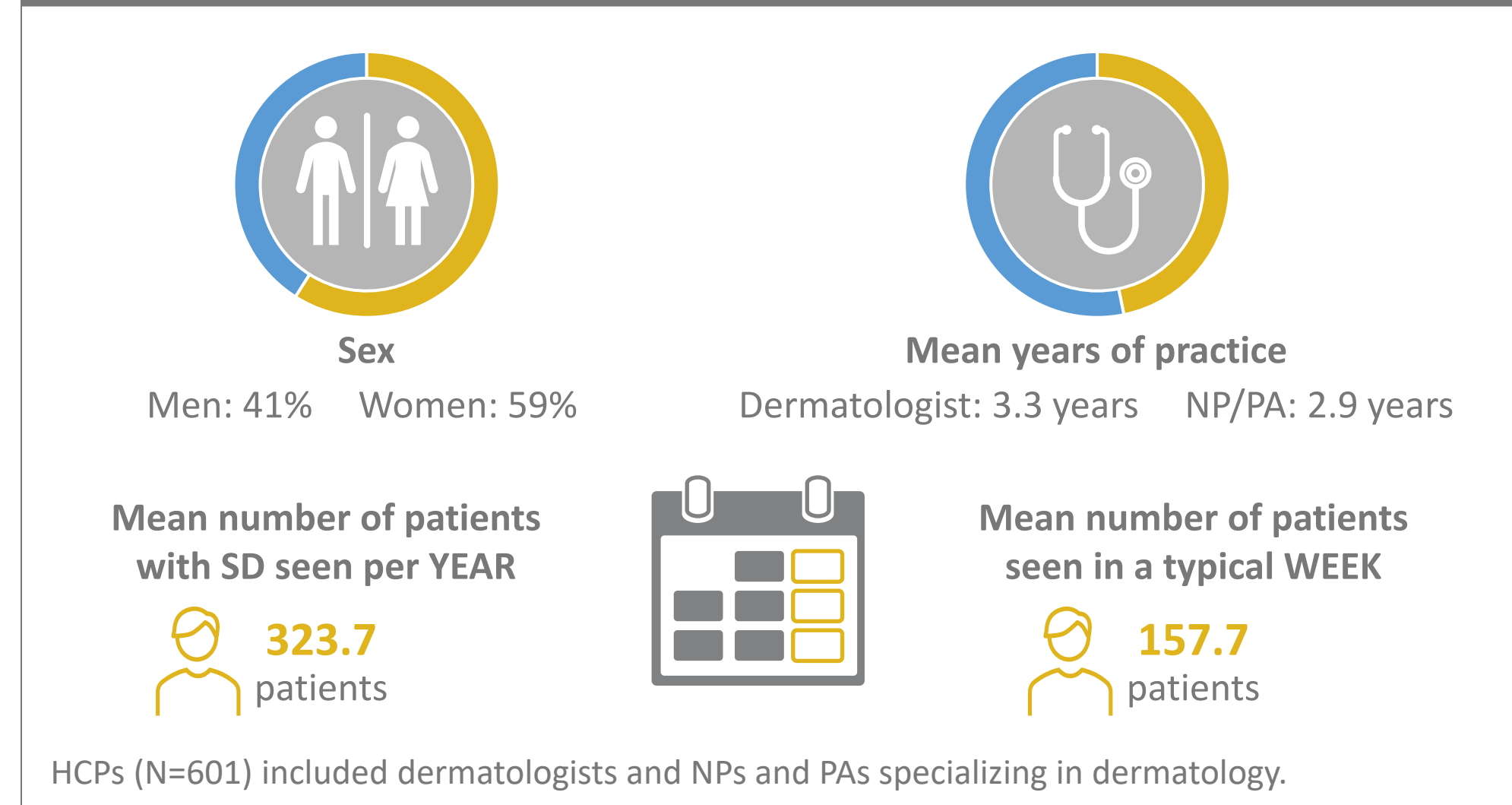
- The patient survey was conducted online from December 2021 through January 2022 among US adults diagnosed with SD by an HCP (Figure 1)
 - Figures for age, sex, education, race/ethnicity, region, income, household size, and marital status were weighted where necessary to bring the data into line with actual proportions in the population
 - Self-identified Black/African American patients were adjusted to natural fall out among the qualified patients
 - A propensity score variable was also included to adjust for respondents' propensity to be online
- The HCP survey was conducted online from December 2021 through January 2022 by HCPs specializing in dermatology (including dermatologists, nurse practitioners [NPs], and physician assistants [PAs]) who see ≥1 patient per week and ≥1 patient with SD per year (Figure 2)
 - For dermatologists, figures for years in practice, gender, and region were weighted where necessary to bring the data into line with actual proportions in the population
 - For NP/PAs, raw data were not weighted and are therefore only representative of the individuals who completed the survey

Figure 1. Patient Demographics and Disease Severity



HCP: healthcare provider.

Figure 2. HCP Demographics

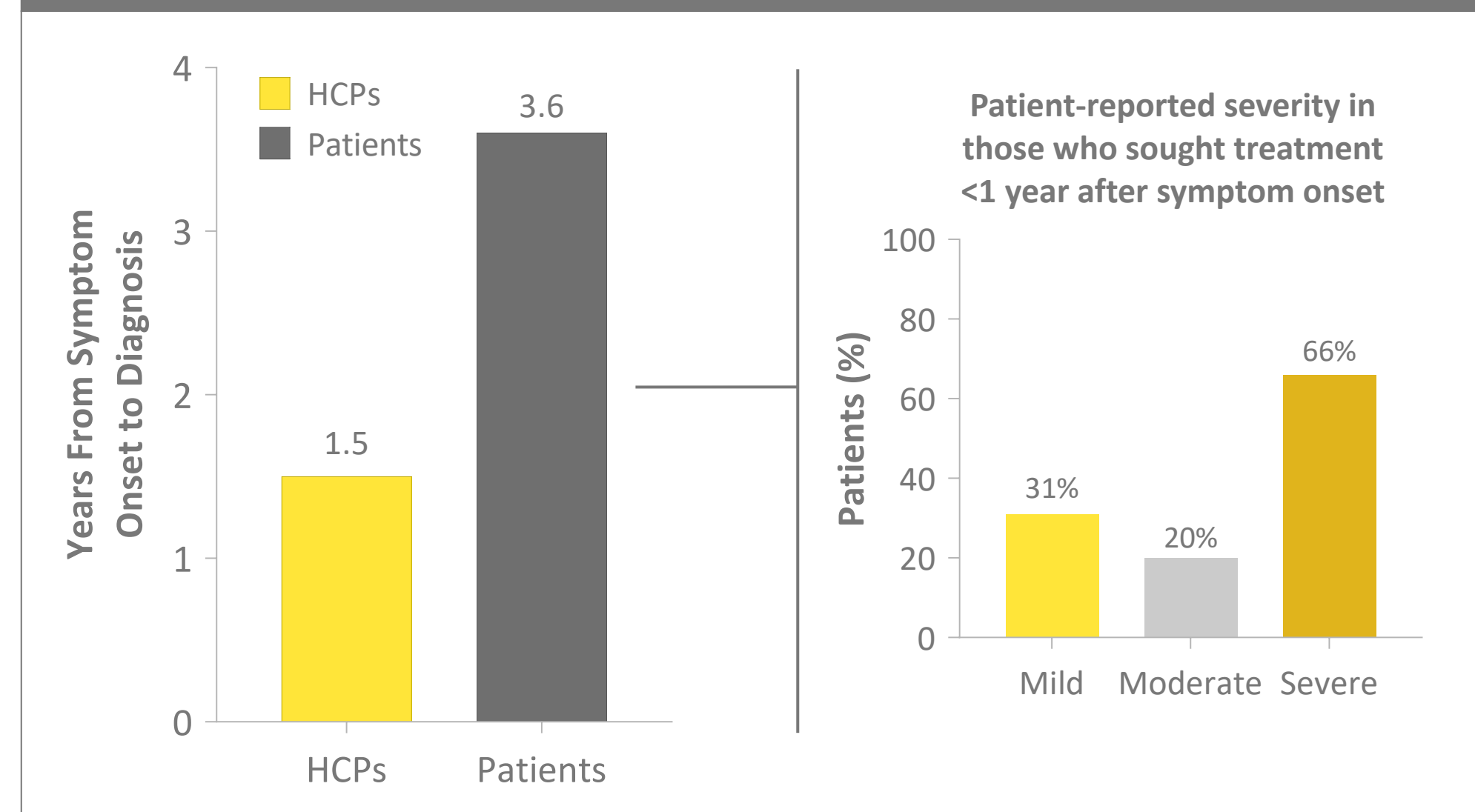


HCP: healthcare provider; NP/PA: nurse practitioner/physician assistant; SD: seborrheic dermatitis.

RESULTS

- HCPs underestimated the time it takes for patients experiencing SD symptoms to seek care, with HCPs reporting an average of 1.6 years from symptom onset to diagnosis while patients reported an average of 3.6 years (Figure 3)
- A higher percentage of patients with severe disease reported visiting an HCP for their symptoms within 1 year (Figure 3)

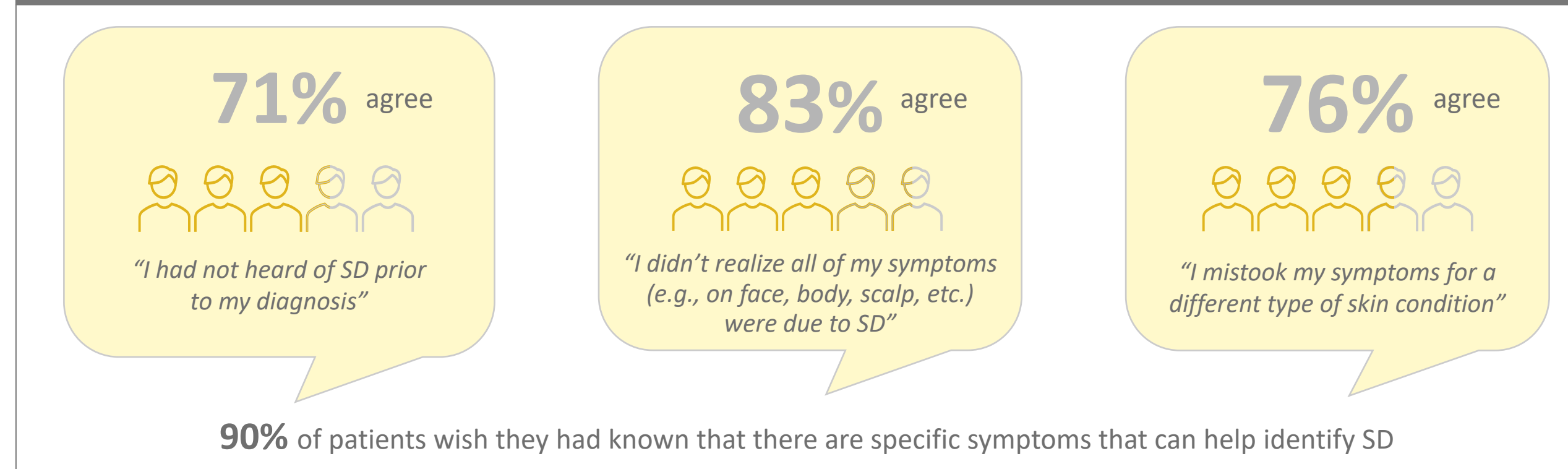
Figure 3. HCP- and Patient-Reported Time From Symptom Onset to Seeking Care



HCP: healthcare provider.

- Before diagnosis, 56% of patients said it was hard to find information online about SD and 71% said they had not heard of SD prior to diagnosis (Figure 4)
 - 86% of HCPs said that most patients had not heard of SD prior to their diagnosis
- Most (83%) patients did not realize all their symptoms were due to SD and 76% mistook their symptoms for another skin condition (Figure 4)
 - Most HCPs agreed that patients did not realize all their symptoms were due to SD (96%) and thought they mistook their symptoms for another skin condition (91%)
- Almost all (90%) patients wished they had known that there were specific symptoms to identify SD (Figure 4), with 85% of HCPs agreeing that their patients feel similarly

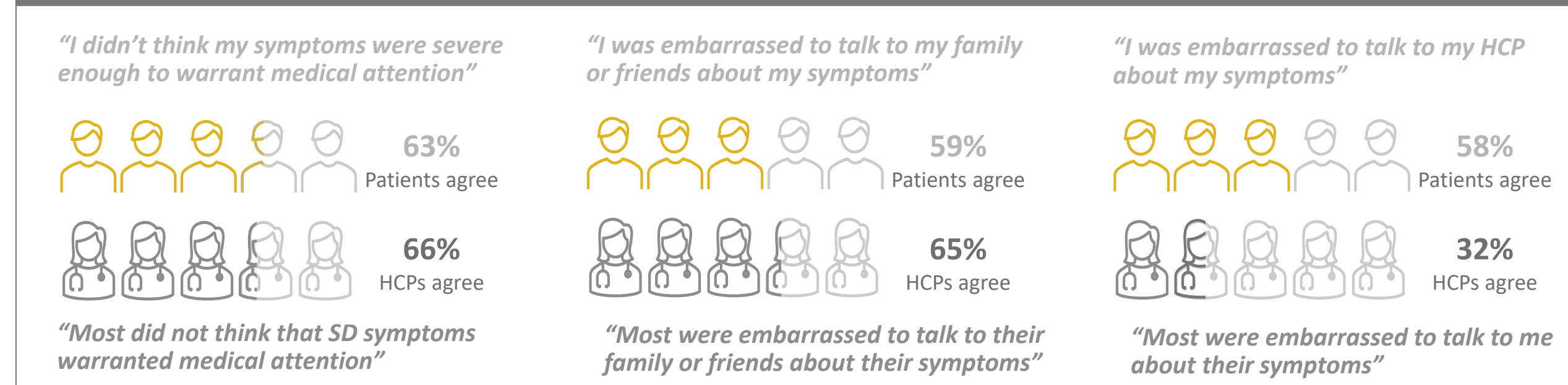
Figure 4. Patient-Reported Initial Perceptions of SD Prior to Diagnosis



SD: seborrheic dermatitis.

- 63% of patients thought their symptoms were not severe enough to warrant medical attention, and the majority were embarrassed to talk to family or friends (59%) and HCPs (58%) about symptoms (Figure 5)

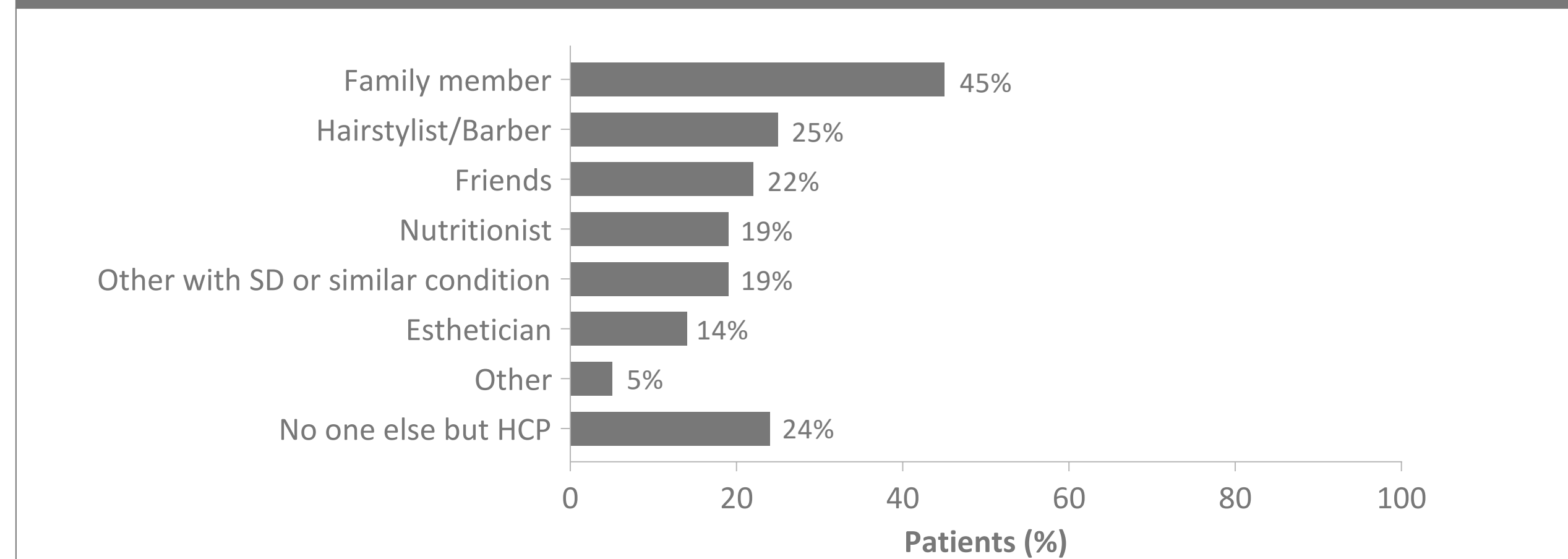
Figure 5. Patient- and HCP-Reported Initial Patient Perceptions of SD Prior to Diagnosis



HCP: healthcare provider; SD: seborrheic dermatitis.

- Before visiting an HCP for SD symptoms, patients said family members (45%), hair stylists/barbers (25%), and friends (22%) helped them identify SD as the cause of their symptoms (Figure 6)
- Among these patients (n=223), 48% said conversations with non-HCPs made them feel better.

Figure 6. Non-HCPs Who Helped Patients Identify SD Symptoms



HCP: healthcare provider; SD: seborrheic dermatitis.

REFERENCE

- Dessinioti C, Katsambas A. *Clin Dermatol* 2013;31:343–351.

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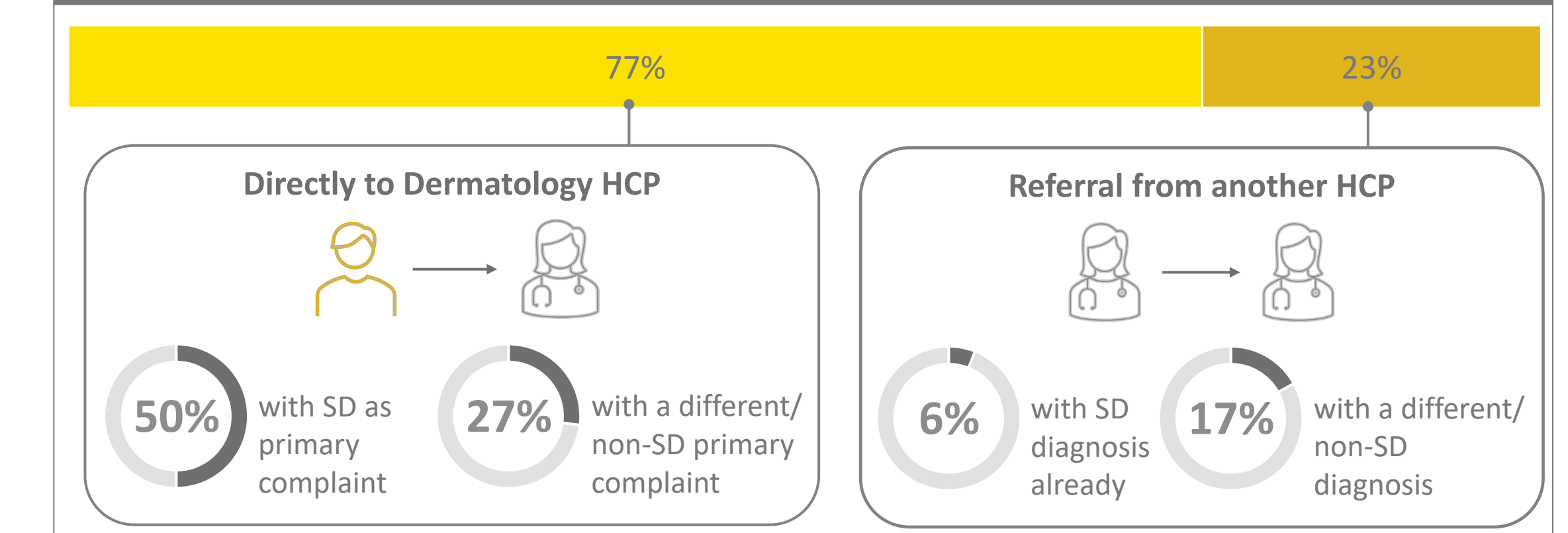
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DISCLOSURES

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- 77% of HCPs reported that patients come to them directly about SD, with 50% having SD as their primary complaint and 6% already having an SD diagnosis (Figure 7)
- Most (79%) patients said they prefer a dermatology HCP for SD management

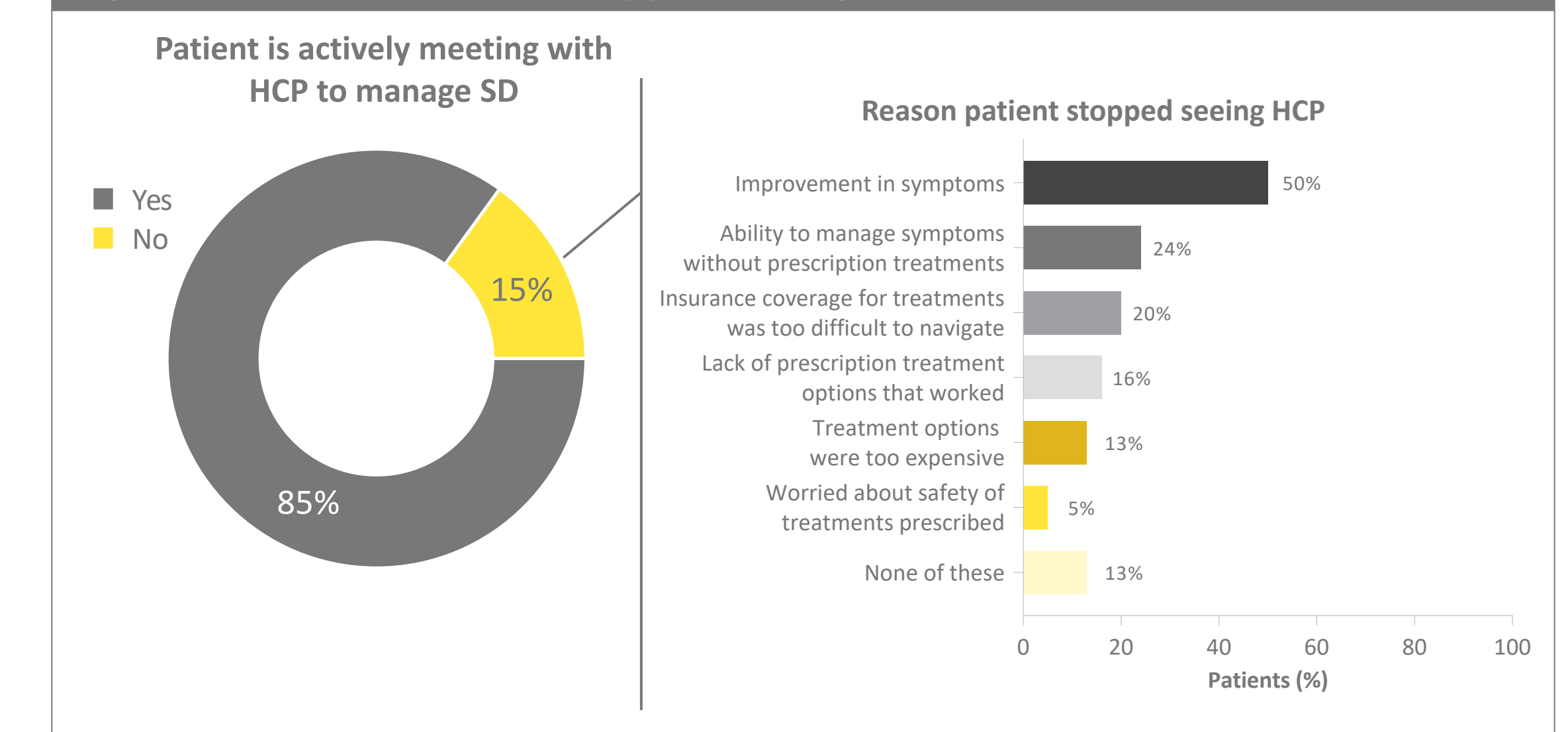
Figure 7. HCP-Reported Path to SD Diagnosis



HCP: healthcare provider; SD: seborrheic dermatitis.

- Patients reported visiting an average of 2.3 HCPs for SD treatment and 75% have seen more than one HCP
- Patients said they visit their primary HCP for SD management an average of 4.6 times per year, and 85% said they still actively work with their HCP for SD treatment
 - Of the 15% of patients who have stopped visiting their HCP, the reasons were improvement in symptoms (50%), ability to manage SD without prescription treatments (24%), and difficulty navigating insurance coverage for treatments (20%) (Figure 8)

Figure 8. Reasons Patient Stopped Seeing HCP



HCP: healthcare provider; SD: seborrheic dermatitis.

n=43. Small sample size, results are qualitative in nature.

CONCLUSIONS

- Prior to diagnosis, most patients said they had not heard of SD and found it difficult to find information online
- HCPs underestimated the time it takes for patients experiencing SD symptoms to reach out, with a 2-year difference between what HCPs thought and patients reported
- These findings reveal major needs in optimization of diagnosis, management, and education for SD
- Future studies are needed to better characterize and address these burdens