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Health-related quality of life (HRQoL) in patients with hidradenitis suppurativa: A single center analysis

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Introduction: Hidradenitis suppurativa (HS) is an underdiagnosed and undertreated skin affection. Previous studies suggest that psychiatric conditions are more frequent in patients with HS than in other dermotologic diseases. In Colombia, we found no descriptive studies of its comorbidities. We described the HRQoL in patients with HS and its relationship with some comorbidities.

Materials and Methods: We performed a descriptive and retrospective study in patients with HS in a dermotologic center in Bogotá, DC. We analyzed 24 patients attended from January 2017 to August 2020, assessing variables as age, sex, body mass index (BMI), and comorbidities. The dermatology life quality index (DLQI) and Hospital Anxiety and Depression scale (HAD) were applied in 19 patients. Univariate analysis and nonparametric statistics were performed. Data was collected and analyzed in Microsoft Excel 365 and SPSS26.

Results: Of 24 patients, 18 were women (75%). The median age was 30 years old (IQR 21). The most frequently found comorbidities were acne and cardiovascular disease, 35.5% and 20.8%, respectively. DLQI's most frequent result was a very large effect in 26.3% (n = 5). HADS-A showed anxiety in 6 cases (31.6%). HAD-D showed depression in 2 patients (10.5%).

Conclusion: We found a greater association with acne and cardiovascular disease, which suggests a systemic and inflammatory involvement of the disease. Our findings related to HADS-A and DLQI reveal a great impact on the HRQoL and existence of anxiety symptoms, reinforcing the importance of multidisciplinary management. Further, larger studies are needed to validate these findings.

Commercial Disclosure: None identified.

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Analysis of pyoderma gangrenosum hospitalizations: A report from the National Inpatient Sample database

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Background: Pyoderma gangrenosum (PG) is a chronic dermatologic condition with associated medical comorbidities that increases risk of hospitalization. This study aims to determine baseline characteristics and the most common reasons for hospitalizations of PG patients.

Methods: Data were abstracted from the National Inpatient Sample (NIS), the largest inpatient hospitalization database in the United States. The NIS was searched for PG hospitalizations in 2016 and 2017 using ICD-10 code "L88" as the principal or secondary diagnosis.

Results: There over 71 million discharges included in the combined 2016 and 2017 NIS database. Of these, 11,865 hospitalizations had an ICD-10 code for PG. Patients were predominantly white (67.6%), females (70.1%), mean age of 55.9 years, mean hospital length of stay was 8.1 days and mean total hospital charges was $70,789. The top 5 reasons for PG hospitalization by ICD-10 code system-based categories were: skin 4035 (34.0%), infection 2000 (16.9%), gastrointestinal 1560 (13.1%), cardiovascular 965 (8.1%), and injury/poisoning 685 (5.8%). The top 8 most common specific principal diagnosis in descending order of frequency were PG, sepsis, cellulitis, acute kidney injury, infection following a procedure, ulcerative colitis, pneumonia, and crohn's disease.

Conclusion: PG, infections, and gastrointestinal disorders such as inflammatory bowel disease (IBD) are among the top reasons for hospitalization of PG patients. Prevention of infections, better outpatient management of PG, and medical comorbidities such as IBD are important in reducing rates of hospitalizations of PG patients.

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Depression screening for adolescent acne patients

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Prior studies have associated acne vulgaris with increased risk for depression and suicidal ideation, suggesting a role for dermatologists in identifying at-risk patients. We therefore implemented a depression screening tool for all adolescent and young adult patients presenting to clinic with acne. To our knowledge, no publications have qualitatively described this process in the dermatologic setting. Our depression screening used the Patient Health Questionnaire-2 (PHQ-2), ideal for busy dermatology clinics given its brevity and sensitivity. Medical assistants administered the PHQ-2 on a tablet computer while rooming patients. All scores were reviewed by the dermatologist, and using an established algorithm proposed by McDonald et al, positive screens were further investigated and the appropriate provider(s) notified. Initial challenges in implementation included consistency of survey administration and communication between staff and clinicians. This was overcome with experience and developing streamlined, systematic processes. We found that depression screening could readily be incorporated into dermatology clinics without significant disruption to workflow or increased burden on the physician. In the future, we aim to administer the PHQ-2 within the electronic medical record to facilitate automatic documentation in patient charts. Although data collection was temporarily halted by the COVID-19 pandemic, preliminary results trend toward an inverse relationship between both oral acne treatment and isotretinoin, and positive PHQ-2 screen (adjusted OR = 0.18, 95% CI = 0.03-1.08, $P = .06$; adjusted OR = 0.11, 95% CI = 0.01-1.27, $P = .08$; respectively). While more data are required, this suggests an intriguing relationship between acne treatment and depression, and the potential utility of depression screening in this patient population.

Commercial Disclosure: None identified.

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Prurigo nodularis and infectious disease hospitalizations: A national cross-sectional study

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Background: Prurigo nodularis (PN) is an inflammatory skin disease associated with significant reductions in quality of life. Prior studies have demonstrated that PN is associated with several systemic comorbidities; however, there are limited data on infectious comorbidities and their economic burden.

Objective: We sought to characterize infectious comorbidities among patients with PN and calculate their associated cost burden.

Methods: We searched the 2016-2017 National Inpatient Sample, a cross-sectional sample of 20% of all U.S. hospitalizations, for infectious disease hospitalizations among patients with PN.

Results: Among infectious disease hospitalizations, PN was associated with black, Asian, and Native American races, and public health insurance coverage. In multivariate logistic regression adjusting for age, race, sex, and insurance coverage, PN was associated with any infection overall (OR 2.98, 95% CI:2.49, 3.56), as well as sepsis, HIV, cutaneous, hepatobiliary, CNS, bacterial, viral, and fungal/parasitic infections. PN patients also had a higher geometric mean cost of care ($11,667 vs $8,893, $P < .001$) and length of stay (5.5 days vs 4.2 days, $P < .001$) for any infection overall. In multivariate linear regression adjusting for age, race, sex, and insurance coverage, PN was associated with higher cost (+30%, 95% CI:+17%, +44%) and higher length of stay (+30%, 95% CI:+18%, +44%) for any infection overall. These associations remained with alternate regression models adjusting for age, race, sex, and severity of illness.

Conclusions: We found there is a high degree of infectious comorbidity and increased healthcare costs among PN patients. Further research should examine the relationship of these diseases to establish causality.

Commercial Disclosure: None identified.