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, Methods and Results

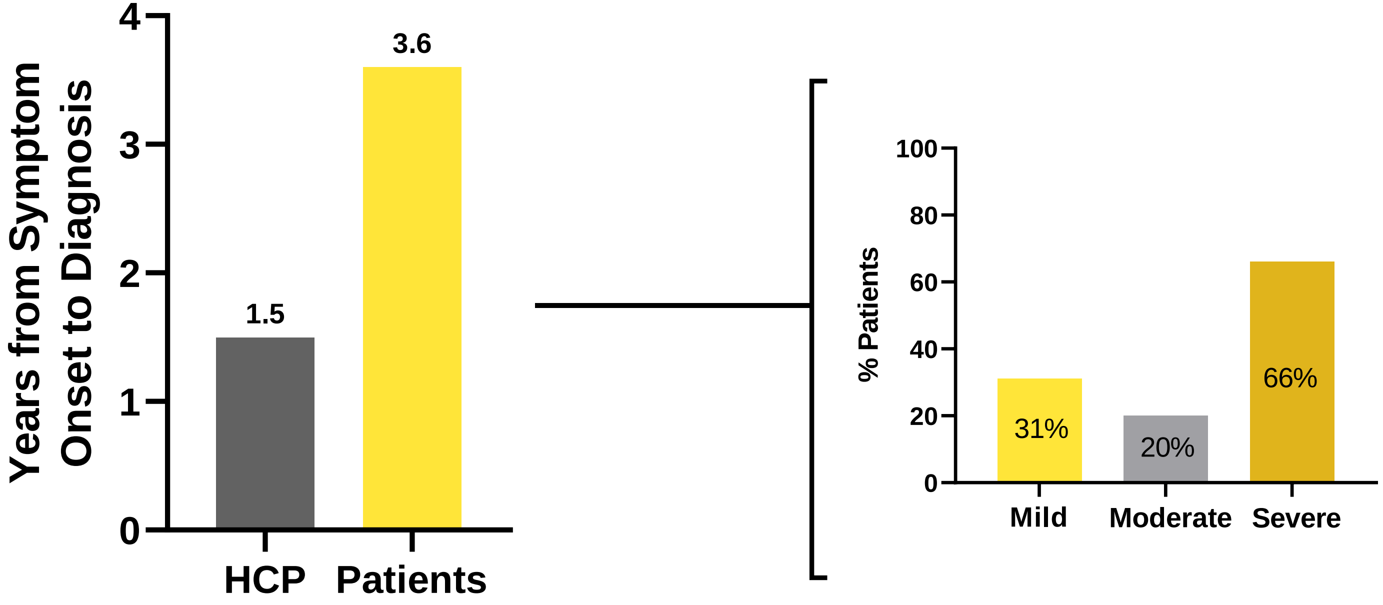
Introduction and Methods

- 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 and experiences in the path to diagnosis of SD
- Methods and key demographics are described in e-poster 42842
- Here we present the results related to the path to diagnosis of SD

Time from Symptom Onset to Seeking Care

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

Patient-reported severity in those who sought treatment <1 year after symptom onset



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[1] Dessinioti C, Katsambas A. Clin Dermatol 2013;31:343–351.

Results

Patient Perceptions of SD prior to diagnosis

"I had not heard of SD prior to my diagnosis"

71% agree

"I didn't realize all of my symptoms (e.g., on face, body, scalp, etc.) were due to SD"

83% agree

"I mistook my symptoms for a different type of skin condition"

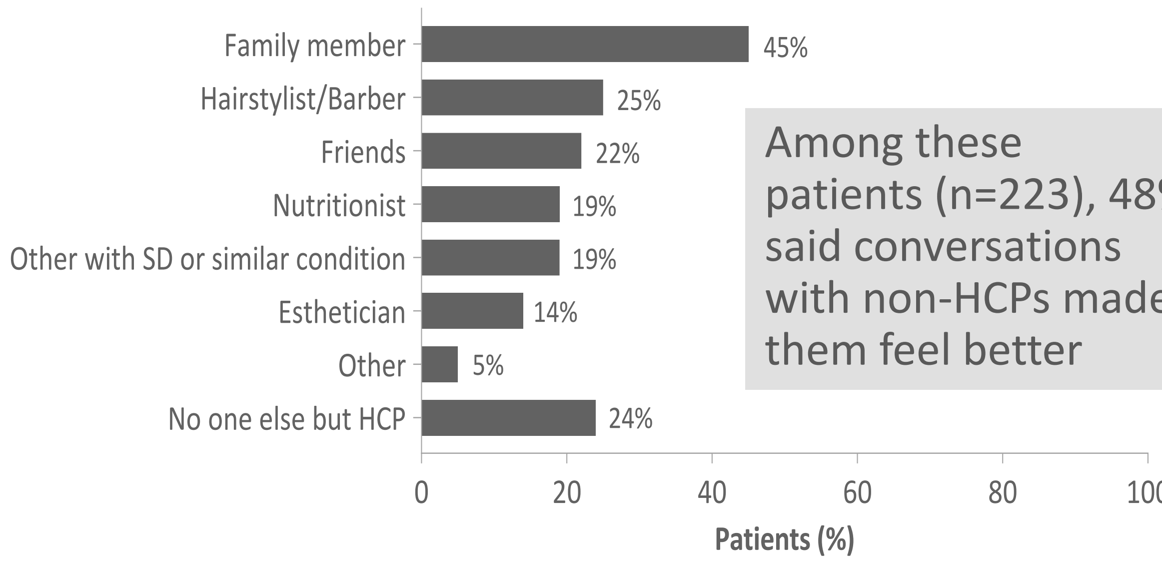
76% agree

"it was hard to find information online about SD before diagnosis"

56% agree

90% of patients wish they had known that there are specific symptoms that can help identify SD

Other People (Non-HCPs) Who Helped Patients Identify their SD Symptoms



Among these patients (n=223), 48% said conversations with non-HCPs made them feel better

"I didn't think my symptoms were severe enough to warrant medical attention" **63%** Patients agree

"I was embarrassed to talk to my family or friends about my symptoms" **59%** Patients agree

"I was embarrassed to talk to a HCP about my symptoms" **58%** Patients agree

"Most patients did not think that SD symptoms warranted medical attention" **66%** HCPs agree

"Most patients were embarrassed to talk to their family or friends about their symptoms" **65%** HCPs agree

"Most patients were embarrassed to talk to me about their symptoms" **32%** HCPs agree

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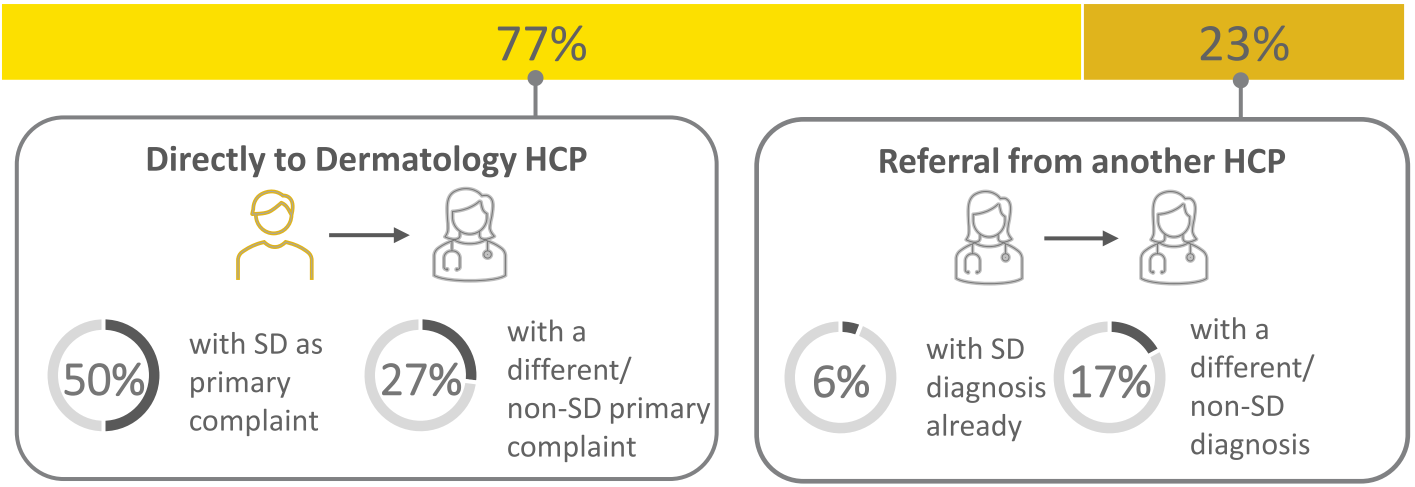
Results

HCP-reported Path to SD Diagnosis



77%

23%

Directly to Dermatology HCP

50% with SD as primary complaint

27% with a different/ non-SD primary complaint

Referral from another HCP

6% with SD diagnosis already

17% with a different/ non-SD diagnosis

- Most (79%) patients said they prefer a dermatologist for SD management
- 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** (n=289), and **85% said they still actively meet with their HCP** for SD treatment

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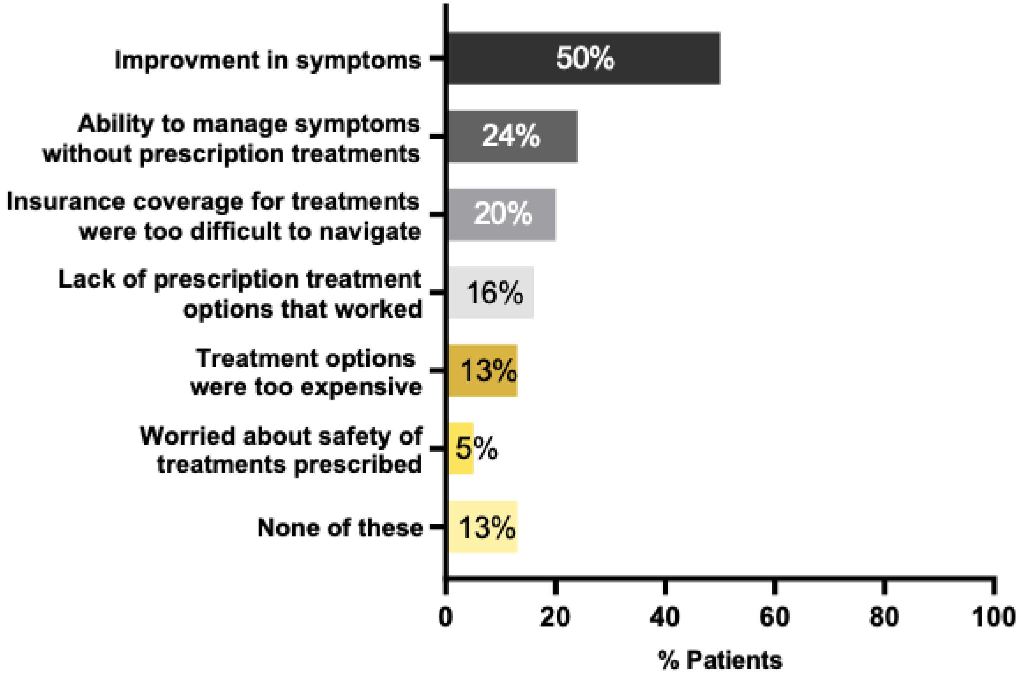
*Of patients that currently see an HCP (n=289)
HCP: healthcare provider; SD: seborrheic dermatitis.

Reasons Patients Stopped Seeing HCP

Reasons why the 15% of patients stopped seeing their HCP*



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

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Results and Conclusions

Patient-reported knowledge of SD

- Once diagnosed:
  - Only 20% of patients feel ‘very knowledgeable’ about what causes SD and 22% about what triggers their SD symptoms
  - Only 30% of patients were ‘very satisfied’ about the information received about the treatment plan and treatment options they received from their HCP
  - 28% of patients feel very knowledgeable about available treatment options
  - 27% of patients feel knowledgeable about how treatment options work, and how the treatment options are administered

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