

Race and Ethnicity Related Variations in the Social Impact and Stigma of Atopic Dermatitis Among Adults With AD: US-based Patient Survey

Candrice Heath,¹ Bryan Dosono,² Vivian Y. Shi,³ Jennifer Soung,⁴ Wendy Smith Begolka,² Amber Reck Atwater,⁵ Evangeline Pierce,⁵ Elizabeth Bacci,⁶ Julia Correll,⁶ Melissa Constantine,⁶ Raj Chovatiya^{7,8}

¹Lewis Katz School of Medicine at Temple University, PA, USA; ²National Eczema Association, Novato, CA, USA; ³Department of Dermatology, University of Washington, Seattle, USA; ⁴Southern California Dermatology, Santa Ana, CA; Harbor University of California Los Angeles, Torrance, CA, USA; ⁵Eli Lilly and Company, IN, USA; ⁶Patient-Centered Research, Evidera, Wilmington, NC, USA; ⁷Chicago Medical School, Rosalind Franklin University of Medicine and Science, North Chicago, USA; ⁸Center for Medical Dermatology + Immunology Research, Chicago, USA

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OBJECTIVE

- To understand race- and ethnicity-related variations in stigma and social impact among adults in the United States (US) diagnosed with Atopic Dermatitis (AD).

CONCLUSION

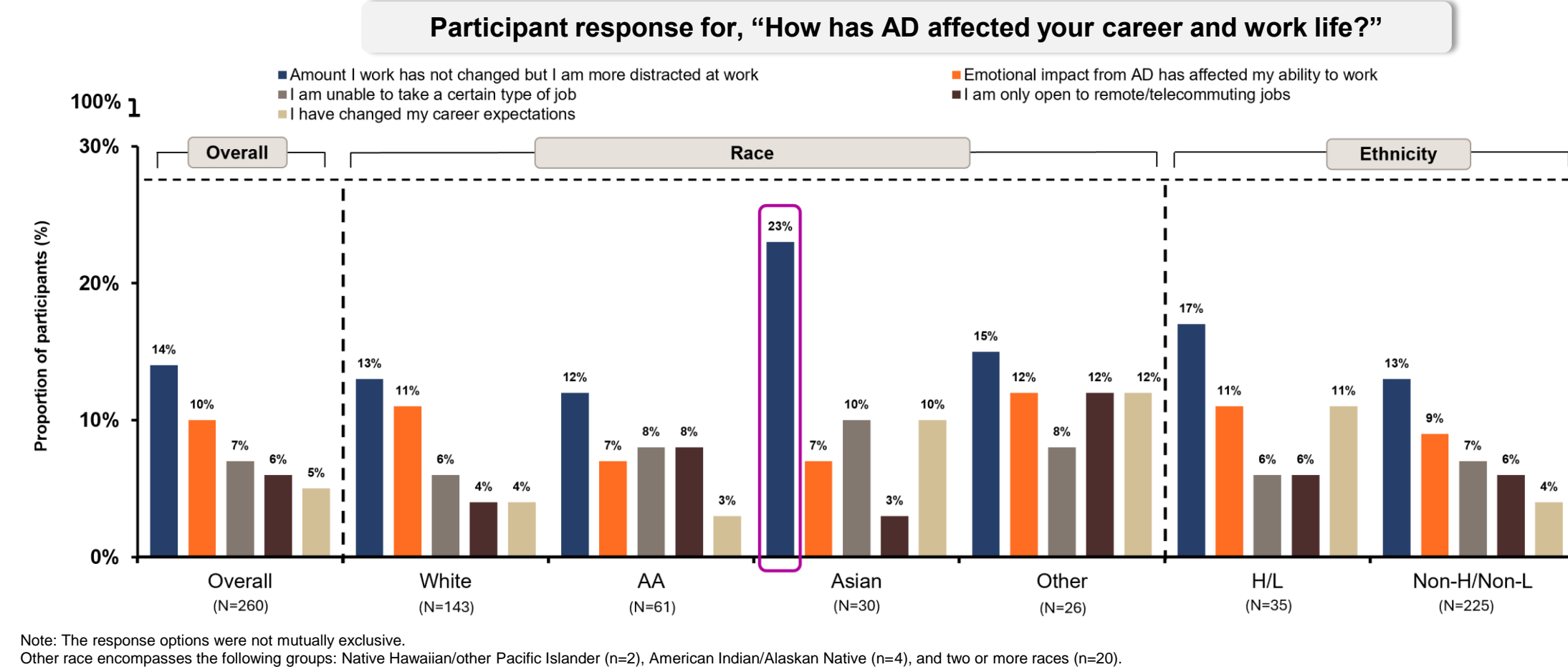
- These data suggest that AD can have an impact on work/career choices and social stigmatization. There are minor differences by race and ethnicity on the level of impact of AD.
- Recognizing the social impact of AD in diverse populations is important for improving social support and developing tailored interventions for management of patients with AD.

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SYNOPSIS

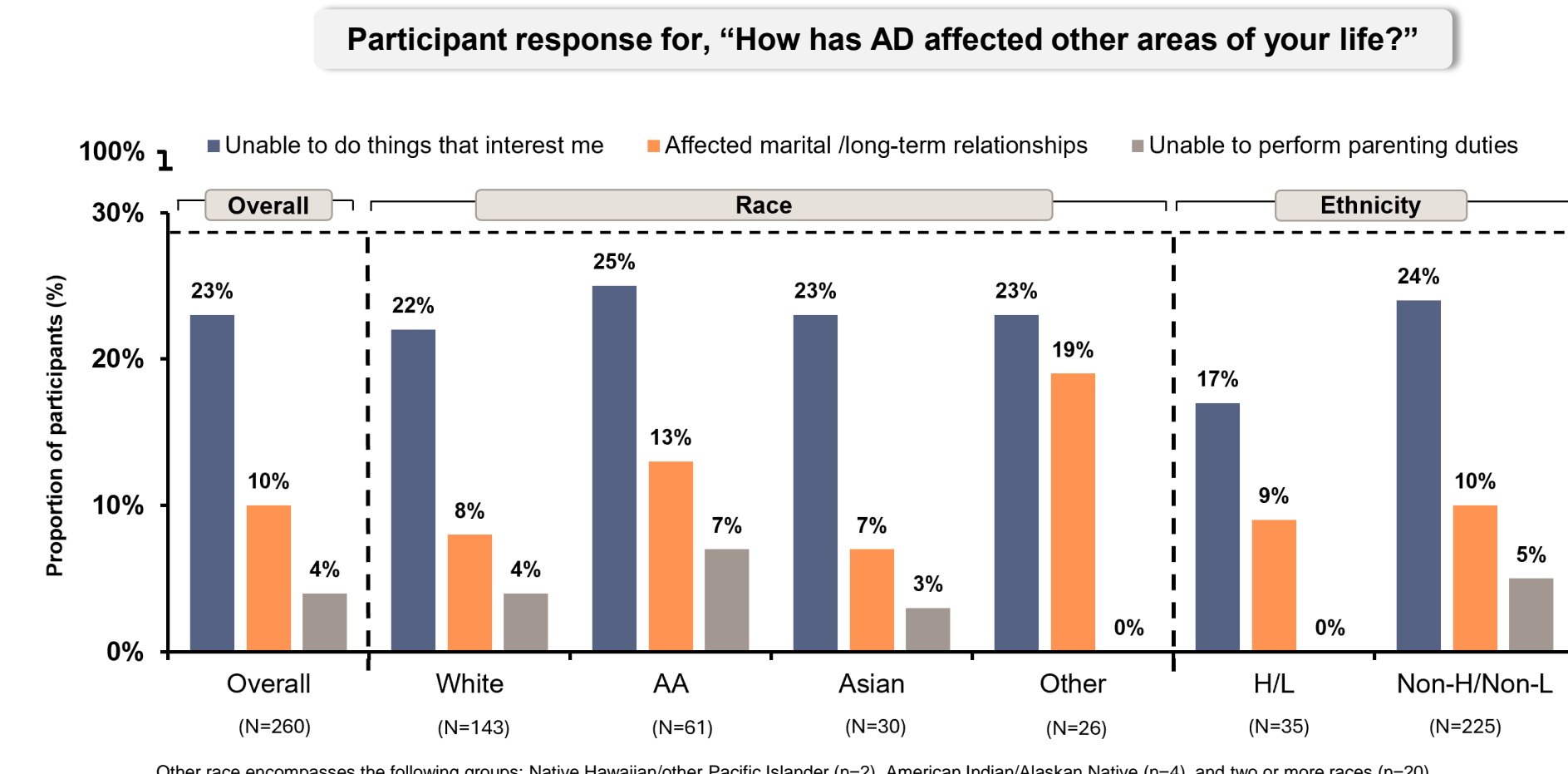
- Atopic dermatitis (AD) is a chronic, heterogeneous skin disease affecting diverse racial and ethnic groups with varying prevalence.¹
- This study explored the race- and ethnicity-related variations in stigma and social impact among adults with AD.
- Adults diagnosed with AD living in the US were recruited.
- Participants completed an e-survey that assessed their experiences with AD-related stigma, confidence level in managing their care, and questions about the impact of AD on their social life.
- The findings from this study indicated that US patients with AD showed differences in stigma and social impact of the disease across different races/ethnicities.

KEY RESULTS



Note: The response options were not mutually exclusive. Other race encompasses the following groups: Native Hawaiian/other Pacific Islander (n=2), American Indian/Alaskan Native (n=4), and two or more races (n=20).

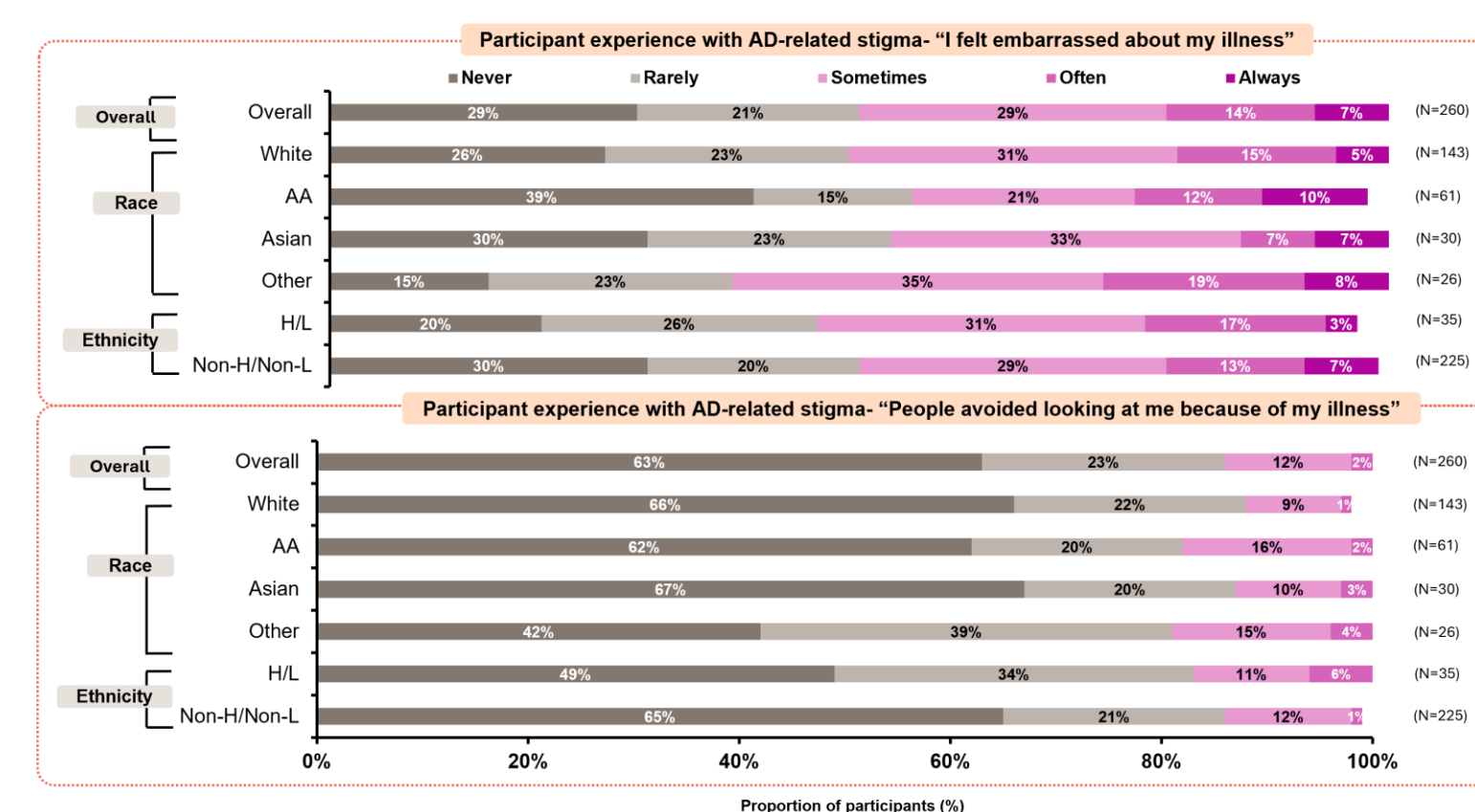
Across different races and ethnicities, participants showed subtle variations in how AD affected their career and work.



Other race encompasses the following groups: Native Hawaiian/other Pacific Islander (n=2), American Indian/Alaskan Native (n=4), and two or more races (n=20).

Across different races and ethnicities, AD affected participants' personal life and choices similarly.

Participant experience with AD-related stigma and response for, "What is your current level of confidence in getting emotional support when you need it?"



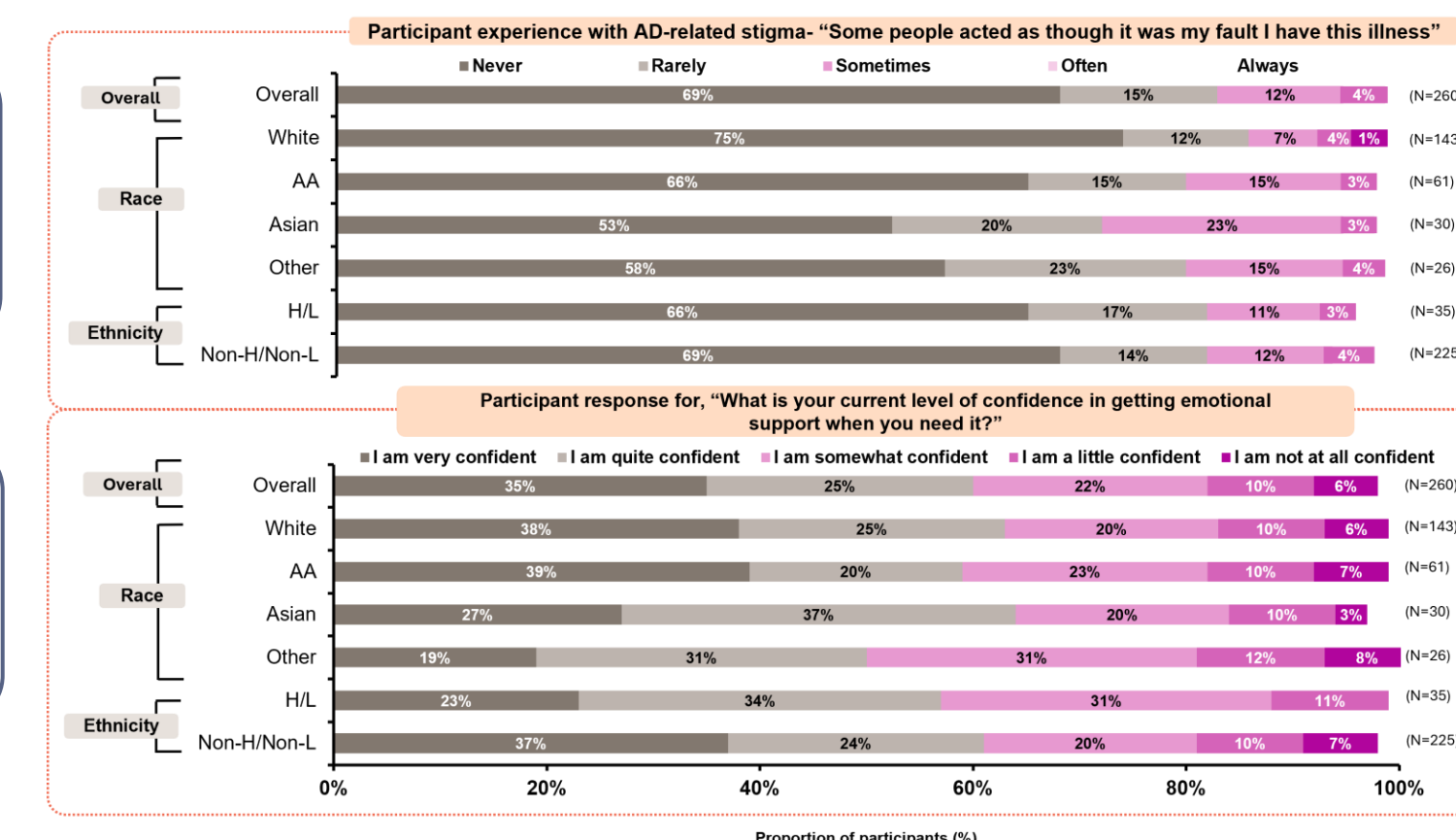
Other race encompasses the following groups: Native Hawaiian/other Pacific Islander (n=2), American Indian/Alaskan Native (n=4), and two or more races (n=20). 1. Data was missing for: Overall (n=3), White (n=1), AA (n=2), H/L (n=1), Non-H/Non-L (n=2) [I felt embarrassed about my illness] 2. Data was missing for: Overall (n=2), White (n=2), Non-H/Non-L (n=2) [People avoided looking at me because of my illness]

- Other race patients (62%) had the highest proportion who reported that they sometimes/often/always felt embarrassed, followed by White (51%), H/L (51%), Non-H/Non-L (49%), Asian (47%), and AA (43%).

- Overall, 14% of participants reported that people sometimes/often avoided looking at them. Slight variations were observed across different races and ethnicities in these reports.

- Asian patients (26%) had the highest proportion who reported that people sometimes/often/always acted like it was patients' fault that they had AD, followed by other racial and ethnic groups.

- Other race patients (51%) had the highest proportion who reported being somewhat/little/not at all confident, followed by H/L (42%), AA (40%), Non-H/Non-L (37%), White (36%), and Asian (33%).



Other race encompasses the following groups: Native Hawaiian/other Pacific Islander (n=2), American Indian/Alaskan Native (n=4), and two or more races (n=20). 1. Data was missing for: Overall (n=4), White (n=3), AA (n=1), H/L (n=1), Non-H/Non-L (n=3) [Some people acted as though it was my fault I have this illness] 2. Data was missing for: Overall (n=4), White (n=2), Asian (n=1), Non-H/Non-L (n=4) [What is your current level of confidence in getting emotional support when you need it?]

METHODS

STUDY DESIGN

- A cross-sectional, non-interventional, web-based survey

SURVEY DURATION

- September–December 2023

PARTICIPANT RECRUITMENT

- Adults living with AD in the US were recruited through:
 - National Eczema Association, a patient advocacy group focused on supporting people with eczema (n=18; 6.9%)
 - AmeriSpeak panel, a nationally representative sample of US adults (n=242; 93.1%)
- Sampling targets were used to achieve condition-specific population proportions across multiple racial and ethnic categories.

MEASURES AND STATISTICAL ANALYSIS

- Participants completed an 80- to 110-item e-survey.
 - Patients' experience with AD-related stigma** was assessed using the Quality of Life in Neurological Disorders (Neuro-QoL) Stigma Short Form²
 - Patients' confidence level in managing their care** was assessed using the Patient-Reported Outcomes Measurement Information System (PROMIS) Managing Social Interactions Short Form³
 - Impact of AD on social life** was assessed using de novo questions
- Data are reported using descriptive statistics (n, mean, standard deviation, frequency)

LIMITATIONS

- The sample sizes across racial and ethnic groups were not large enough to compare the groups statistically; this limits the generalizability of these study findings.
- Responses were self-reported and are subject to response and recall bias.
- The Neuro-QoL has not been validated for patients with AD.

Supplemental Materials

Scan the QR code to access:

- Detailed description of Neuro-QoL and PROMIS
- Data Disposition
- Participant Demographics
- Mean PROMIS and Neuro-QoL scores, by race and ethnicity

Abbreviations: AA, Black/African American; AD, atopic dermatitis; e-survey, electronic survey; Neuro-QoL, Quality of Life in Neurological Disorders; H, Hispanic; L, Latino; PROMIS, Patient-Reported Outcomes Measurement Information System; US, United States

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