



ACNE, ROSACEA, AND RELATED DISORDERS (INCLUDING HIDRADENITIS SUPPURATIVA)

USING DEMOGRAPHIC AND DISEASE RELATED FACTORS TO IDENTIFY HIGH BURDEN PATIENTS WITH ROSACEA

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Introduction: Rosacea is a chronic inflammatory skin disease that can adversely impact quality of life (QoL).

Objective: Identify and analyze high burden (HB) rosacea patients (HBP).

Materials and Methods: Online survey of 710 patients (mean age: 44.5 years; 467 female); US, Canada, Italy, UK, Germany and France. HB defined as ≥ 3 of: 1) QoL score impact >5 [scale 0-10], 2) behavioral adaptation score >6 [scale 0-10], 3) willingness to pay $>20\%$ monthly income for complete cure, and 4) willingness to trade >6 months of life for complete cure. Characteristics were analyzed via Wald Chi² Test, and factors most associated with HB were estimated by multivariate logistic models with variable selection via Lasso's procedure.

Results: HBP (n=158 vs n=552 non-HB patients [NHB]) were younger and more likely to be working and urban ($p < 0.01$). Over 12 months, HBP were more likely to have experienced itching ($p = 0.02$); burning/pain ($p < 0.01$); swelling ($p = 0.01$); nose permanently red and swollen ($p < 0.01$). HBP spent more time on their daily skin care routine (31.1 vs 20.6 min NHB; $p < 0.01$), with 50.0% spending ≥ 30 min (vs 27.2% NHB; $p < 0.01$). HBP were more likely to alter behavior ($p < 0.01$) and to miss ≥ 5 hours from work in the past 7 days due to health problems ($p < 0.01$). HBP were more likely to have ≥ 1 rosacea-related emergency room (ER) visit (12 months, $p < 0.01$), and 17.7% had ≥ 3 ER visits (vs 2.5% NHB; $p < 0.01$); rosacea-related office visits were also significantly greater for HBP ($p < 0.01$), with 71.5% having ≥ 3 visits ($p < 0.01$).

Although symptom severity contributed to burden, HB could be associated with any severity. 'Moderate'/'severe' rosacea increased HB risk vs 'clear' (odds-ratio [OR] 2.7/OR 2.6). Patients < 30 years at first symptoms showed the highest burden risk (OR 2.83).





Conclusions: Demographic/disease factors can characterize HBPs. Identification of HBPs in clinical practice would optimize use of therapeutic resources.

