

Topic: Psychodermatology and quality of life

First impact data from the Global Research on the Impact of Dermatological Diseases (GRIDD) study: Diagnoses, clinical features and disease burden

Neuza Da Silva*¹, Rachael Pattinson², Nirohshah Trialonis Suthakharan¹, Jennifer Austin³, Allison Fitzgerald³, Christine Bundy², Matthias Augustin¹

¹*Institute for Health Services Research in Dermatology and Nursing (IVDP), University Medical Center Hamburg-Eppendorf (UKE), Hamburg, Germany,* ²*School of Healthcare Sciences, Cardiff University, Cardiff, United Kingdom,* ³*International Alliance of Dermatology Patient Organizations, Ottawa, Canada*

Introduction & Objectives:

The Patient-Reported Impact of Dermatological Diseases (PRIDD) is a new and unique measure of the burden of dermatological diseases that was developed using a ground-breaking patient-led methodology. Subsequently, the present study aimed to collect global data on the patients' perspectives of disease burden in multiple skin diseases. In this work, we describe the clinical profiles of participants in the Global Research on the Impact of Dermatological Diseases (GRIDD) study and analyze first impact data comparatively across clinical groups.

Materials & Methods:

A global cross-sectional survey, available online in 17 different languages, was conducted between June 2023 and January 2024. Adults (≥ 18 years) with a self-reported dermatological condition were recruited through the International Alliance of Dermatology Patient Organizations' network and via social media. Participants completed the PRIDD questionnaire (16 items assessing physical impact, life responsibilities, psychological impact and social impact; total score ranging from 0 – no impact to 63 – very severe impact). Clinical information was reported by the patients (e.g., Patient Global Assessment [PGA] of severity and impact, body map of areas affected by the disease, comorbidities). Self-reported diagnoses were categorized a posteriori by a specialized dermatologist. Data were analyzed descriptively, and group comparisons were conducted with analysis of variance, with Post-Hoc tests with Bonferroni correction for multiple comparisons.

Results:

After excluding 327 participants who did not meet the inclusion criteria or had missing data in core variables, the sample was composed of 3811 patients from 90 different countries (76.6% female, mean age 48.49 ± 15.74 , range 18-98) and representing 114 different dermatological conditions. The most common self-reported diagnoses were Lichen Sclerosus, Psoriasis, Hidradenitis Suppurativa, Atopic dermatitis, Vitiligo and Eczema, which together accounted for more than 50% of the sample. Comparison analyses across disease categories showed higher overall disease burden among those with dermatological conditions related to wounds, scars or trauma, allergic diseases and geno-dermatosis, and lower disease burden among patients with tumors (Table 1). In addition, higher disease burden was reported by patients with rare diseases, affected in visible or sexually-sensitive body areas, with severe diseases, and with dermatological or other comorbidities (Table 1).

Conclusion:

This is the first study in dermatology presenting global-level data on the patient-reported impact of dermatological conditions on their lives. By identifying the clinical characteristics imposing higher burden on the patients (e.g., involvement of sexually-sensitive body areas), using the newly-developed, reliable and valid PRIDD questionnaire, this study contributed to raise awareness for dermatological conditions and their signs and symptoms that are often neglected by policymakers and by the global healthcare system. In addition, by testing several a priori hypotheses, this study provided additional evidence for ascertaining the construct validity of the PRIDD measure to discriminate across known clinical groups.

Table 1. Comparison of PRIDD scores across clinical groups.

	PRIDD total score			F	p	Post-hoc comparisons with Bonferroni correction
	n	M	SD			
Type of disease						
Inflammatory (INFL)	1679	29.17	8.07	13.47	<0.001	INFL > AI, Tmal, Tben AI > Tben INFL > Tben ALLG > AI, Tmal, Tben GEN > AI, Tmal, Tben WST > INFL, AI, Tmal, Tben, INFL MSYS > Tben
Auto-immune (AI)	1284	27.46	7.90			
Tumor, malignant (Tmal)	112	25.12	8.72			
Tumor, benign (Tben)	33	21.89	6.92			
Infectious (INFL)	135	27.87	8.22			
Allergic (ALLG)	65	31.51	8.80			
Geno-dermatosis (GEN)	374	30.36	8.51			
Wounds, scars, trauma (WST)	55	32.98	10.93			
Metabolic, systemic (MSYS)	29	29.36	8.91			
Other (OTH)	45	30.11	7.68			
Communicable disease						
Yes	61	30.05	8.19	1.93	0.165	-
No	3746	28.57	8.26			
Rare disease						
Yes	917	29.21	9.05	6.66	0.010	-
No	2890	28.40	7.98			
Visible body areas affected (i.e., scalp, face, neck, décolleté, hands, fingernails)						
Yes	2464	28.77	8.14	5.06	0.025	-
No	1295	28.13	8.45			
Sexually-sensitive body areas affected (i.e., genital, anal, groins, buttocks, chest)						
Yes	2201	29.73	7.85	112.00	<0.001	-
No	1558	26.88	8.51			
Patient Global Assessment – Severity ^a						
Severe/ Very severe	1022	33.68	7.66	619.30	<0.001	-
Clear/ Mild/ Moderate	2663	26.66	7.66			
Patient Global Assessment – Impact ^b						
A large amount/ A very large amount	989	35.15	7.01	1096.64	<0.001	-
None at all/ Only a little amount/ A moderate amount	2697	26.21	7.36			
Dermatological comorbidities						
Yes	893	29.66	7.44	19.63	<0.001	-
No	2918	28.26	8.47			
Other comorbid diseases						
Yes	1880	29.99	8.10	109.18	<0.001	-
No	1865	27.22	8.14			

^a How bad has your dermatological condition been over the last month?

^b How much difficulty has your dermatological condition caused overall over the last month?