
# Socio-demographic diversity of the impact of dermatological diseases: Results from the patient-initiated Global Research on the Impact of Dermatological Diseases (GRIDD) study

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# BACKGROUND

Previous patient-reported outcome measures did not fully capture the impact of living with dermatological conditions.

Using a ground-breaking patient-led methodology, the GRIDD project developed the first fully validated dermatology impact measure applicable to all skin conditions:

PRIDD

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**AIMS**

- To describe the worldwide impact of dermatological conditions
- To compare the burden of dermatological diseases across different socio-demographic groups

# METHODS

**Study design:** global online cross-sectional survey, available in 17 different languages (Arabic, Bengali, Danish, German, English, Spanish, French, Hindi, Italian, Japanese, Dutch, Portuguese, Russian, Serbian, Swahili, Vietnamese and Chinese), conducted between June 2023 and January 2024.

**Patients:** adults (≥ 18 years) with a self-reported dermatological condition, recruited through the International Alliance of Dermatology Patient Organizations' membership network and via social media

**3811 PATIENTS**

76.6% female

age = 48.49 ± 5.74 years

**90 COUNTRIES**

**114 DIAGNOSES**

12.6% Lichen sclerosus

12.4% Psoriasis

8.2% Hidradenitis suppurativa

7.5% Atopic dermatitis

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**Measures:**

- Socio-demographic questionnaire
- Patient-Reported Impact of Dermatological Diseases (16 items, total score ranging 0-63)

# RESULTS

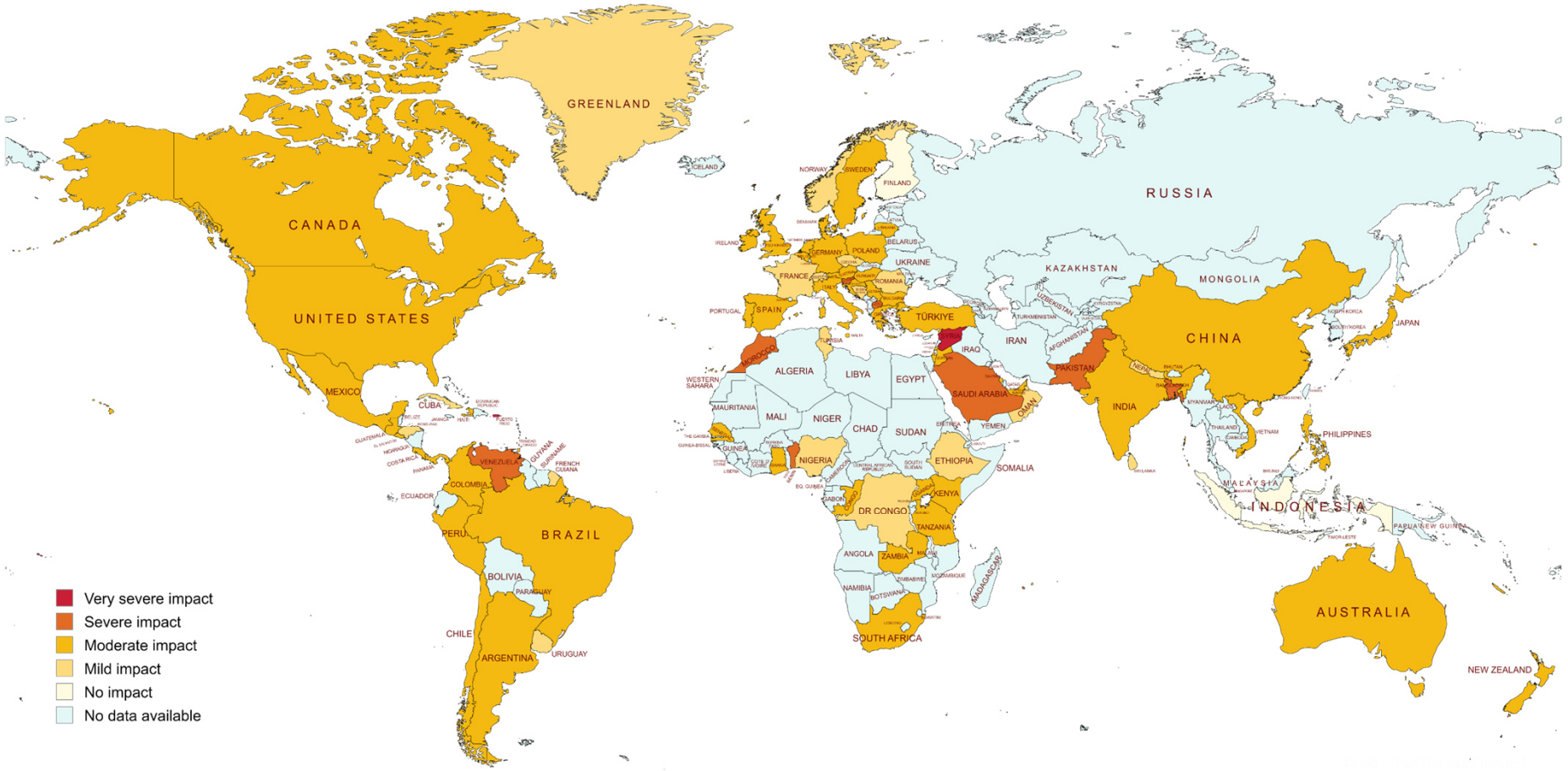


**Figure 1 |** The impact of living with a dermatological condition, as assessed with the PRIDD total score, across the 90 participating countries.

# RESULTS

**Table 1 |** Comparison of PRIDD total scores across socio-demographic groups.

| | | *n* | *M* | *SD* | *F* | *p* | *Post-hoc comparisons with Bonferroni correction* |
|---|---|---|---|---|---|---|---|
| Sex | Female | 2918 | 28.91 | 7.89 | 19.25 | <0.001 | - |
| | Male | 886 | 27.52 | 9.30 | | | |
| Age groups | Emerging adults (18-30 years) | 576 | 29.33 | 8.05 | 39.15 | <0.001 | Emerging adults > Elderly<br>Adults > Elderly |
| | Adults (31-64 years) | 2549 | 29.09 | 8.13 | | | |
| | Elderly (65+ years) | 686 | 26.09 | 8.45 | | | |
| WHO region of living | Eastern Mediterranean Region (EMR) | 19 | 33.56 | 8.32 | 20.66 | <0.001 | EMR > EUR, SEAR<br>AFR > AMR, WPR, EUR, SEAR<br>AMR > EUR, SEAR<br>WPR > SEAR<br>EUR > SEAR |
| | African Region (AFR) | 373 | 31.25 | 9.17 | | | |
| | Region of the Americas (AMR) | 1202 | 29.13 | 8.19 | | | |
| | Western Pacific Region (WPR) | 390 | 29.03 | 7.78 | | | |
| | European Region (EUR) | 1747 | 27.72 | 7.95 | | | |
| | South-East Asian Region (SEAR) | 80 | 23.58 | 8.72 | | | |
| Country of living by income | High income | 2897 | 28.24 | 8.13 | 9.42 | <0.001 | Low > High income |
| | Upper middle income | 345 | 29.35 | 7.68 | | | |
| | Lower middle income | 351 | 29.27 | 8.80 | | | |
| | Low income | 213 | 30.96 | 9.33 | | | |

n – number of participants; M – Mean; SD – Standard-deviation; F - analysis of variance (ANOVA).

# RESULTS

| | | *n* | *M* | *SD* | *F* | *p* | *Post-hoc comparisons with Bonferroni correction* |
|---|---|---|---|---|---|---|---|
| **Ethnic origin, group or background** | Oceania (OC) | 15 | 35.13 | 10.78 | 10.94 | <0.001 | OC > EU, EA, SA<br>BL > EU, EA, SA<br>MIX > SA<br>LAT > EU, EA, SA<br>SEA > SA |
| | Black (BL) | 412 | 31.09 | 9.09 | | | |
| | Other/ Mixed ethnicity (MIX) | 54 | 30.54 | 8.45 | | | |
| | Latino (LAT) | 283 | 30.19 | 8.45 | | | |
| | South-East Asian (SEA) | 121 | 29.57 | 6.44 | | | |
| | Middle Eastern (ME) | 38 | 28.27 | 10.56 | | | |
| | White/ European descent (EU) | 2527 | 28.10 | 7.88 | | | |
| | East Asian (EA) | 198 | 27.62 | 8.50 | | | |
| | South Asian (SA) | 110 | 25.98 | 9.21 | | | |
| **Fitzpatrick skin type** | I: skin always burns, never tans, and is sensitive to UV exposure | 212 | 29.88 | 8.22 | 7.71 | <0.001 | I > III, IV<br>V > III, IV<br>VI > II, III, IV |
| | II: skin burns easily and tans minimally | 736 | 28.65 | 8.27 | | | |
| | III: skin burns moderately and tans gradually to light brown | 1644 | 28.07 | 8.06 | | | |
| | IV: skin burns minimally and always tans well to moderately brown | 714 | 28.00 | 8.00 | | | |
| | V: skin rarely burns and tans profusely to dark | 354 | 29.92 | 9.13 | | | |
| | VI: skin never burns, is deeply pigmented, and is least sensitive to UV exposure | 44 | 33.18 | 7.36 | | | |

n – number of participants; M – Mean; SD – Standard-deviation; F - analysis of variance (ANOVA).

## CONCLUSION

This is the first real-world study using the PRIDD questionnaire to collect global patient-reported data. The identification of socio-demographic groups at greater risk of suffering high disease burden paves the way for detecting specific patient needs, developing health policies, and determining resource allocation and research priorities on a global scale.

GRIDD
Global Research on the Impact of Dermatological Diseases

### NEXT STEPS

Comprehensive impact analyses, including the examination of relationships between PRIDD and other relevant variables (clinical variables, other PROs)

Psychometric testing of PRIDD language translations

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