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34684
Diet and quality of life in acne: A gut-brain-skin axis approach

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Background: Acne is one of the most common diseases in dermatologic practice. It is necessary to take into consideration the consumption of dairy products, high glycemic index/food load, and also with significant quality of life (Qol) impairment.

Materials and Methods: We conducted a cross-sectional study between June/July 2021 in a dermatological center in Bogota, Colombia. Demographic characteristics were gathered, acne severity was assessed using the Global Acne Grading System (GAGS), Qol, anxiety and/or depression symptoms were evaluated using the Dermatologic Life Quality Index (DLQI), Generalized Anxiety Disorder (GAD-7) scale and Patient Health questionnaire (PHQ-2), respectively. Weekly frequency of consumption of certain food groups were asked. Data was analyzed using Microsoft Excel.

Results: Of 158 patients, 68.35% were women. Mean age was 21.63 years. The majority had mild to moderate acne (93.03%) and 6.96% had severe to very severe acne. DLQI/CDLQI results showed that 81.01% had little or no effect on their Qol. Regarding psychiatric symptoms, 18 people had mild to moderate depression symptoms, and 12 had severe anxiety symptoms. Of the patients, 49.36% reported daily consumption of dairy products and wheat foods, and 67.72% have a daily sugar intake.

Conclusions: Anxious/depressive symptoms were relevant in our population as they were manifested in 1 out of 10 of the patients. We found that high glycemic index foods were frequently consumed, but foods such as chocolate and peanuts, which have been associated with acne, were not frequently eaten. More studies are needed to establish associations and improve the approach to diseases involving the gut-brain-skin axis.

Commercial Disclosure: None identified.

35257
DISCERN scores of morphea information on YouTube

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Increasingly, patients use online resources for health-related information. While patient resources for conditions like psoriasis and acne are rich, morphea is less well represented. This study used the DISCERN instrument, a 16-point validated scoring system, to assess the quality of information available about morphea on YouTube, identify best resources, and ascertain where holes in information in the existing resources exist. A YouTube search was conducted for the terms “morphea, localized scleroderma,” and “morphea en coup de sabre.” The first 100 videos of each search were collected and categorized by creator source and content. A subset of 100 videos was evaluated. DISCERN scores of morphea information on YouTube were evaluated. Videos from health care professionals increased in urban locations following the pandemic but decreased in rural locations. This disparity could be due to insufficient access to required technology and teledermatology can increase access where care is sparse. Further study is needed to investigate its utility and ability to improve access.

Commercial Disclosure: None identified.

32890
Disparities in teledermatology satisfaction among older and nonwhite dermatology patients: A cross-sectional study

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Background: Telemedicine use has expanded rapidly during the COVID-19 pandemic. There is limited data on patient satisfaction with teledermatology; therefore, we examined patient teledermatology experiences at a large academic center.

Methods: After Weill Cornell Medicine Institutional Review Board approval, patients scheduled for teledermatology visits (1/2021-4/2021) were enrolled and sent pre/postconsultation questionnaires about teledermatology satisfaction, expectations, and concerns (5-point Likert scale) (82% response rate).

Results: Of 202 participants, 120 (59%) were female with mean age 49 years. Participants were largely White (78%) and non-Hispanic (86%). The majority had at least a college degree (94%) and were employed (66%). Younger patients (21-40) were more satisfied with teledermatology (P = 0.016), and its convenience (P = 0.001), compared with older participants (>60) (P = 0.001, P = 0.019). Those with shorter travel times (<30 min) preferred in-person visits (P = 0.031). Nonwhite race was associated with greater concerns for conversation privacy and inappropriate information access (both P = 0.004). White race was associated with greater confidence in teledermatology diagnosis (P = 0.032). Participants had less trouble hearing and seeing than anticipated (P = 0.001 and P = 0.005). Patients were more interested in using teledermatology and preferred it over in-person appointments post vs. preconsultation (P < 0.001 both).

Conclusion: Our study demonstrates overall positive attitudes towards teledermatology. However, decreased satisfaction and confidence were found amongst older and nonwhite patients. Patients with longer vs. shorter clinic proximity preferred teledermatology to in-person visits, which may improve access to care in areas without dermatologists. Our study clarified specific concerns that may be used to devise strategies to encourage universal utilization of teledermatology where appropriate.

Commercial Disclosure: None identified.

34255
Disparity exists between urban versus rural reach of teledermatology following COVID-19

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Background: The COVID-19 pandemic sparked increased utilization of teledermatology services, as telemedicine offers care at a safe distance. Dermatology is well-suited for telemedicine due to its visual nature. Dermatologists are limited in rural locations, and teledermatology can increase access where care is sparse. Further study is needed to investigate its utility and ability to improve access.

Methods: Thomas Jefferson University analyzed aggregated, de-identified data from FAIR Health’s FH NPIC repository of privately insured medical claims, for telehealth services performed between 2019 and 2020 at both urban and rural levels. Calculations were performed to determine the percentage of telemedicine services performed by a dermatologist. Visits were also assessed for the following parameters: demographics, diagnosis codes, and procedure codes.

Results: From 2019 to 2020, the percentage of all telemedicine services performed by a dermatologist increased in all age groups in urban locations. The percentage was 6.63 times greater for 0-18 year olds, 3.97 times greater for 19-35 year olds, 3.65 times greater for 36-50 year olds, 3.54 times greater for 51-64 year olds, and 3.45 times greater for patients 65 and older. In rural locations, the percentage of all telemedicine services performed by a dermatologist decreased in all age groups from 2019 to 2020.

Conclusions: The percentage of all telemedicine services performed by dermatologists increased in urban locations following the pandemic but decreased in rural locations. This disparity could be due to insufficient access to required technology or barriers in reimbursement policies. The increased use in urban locations suggests a continued expansion of teledermatology services and adoption into medical practice.

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