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238 Pemphigus and bullous pemphigoid in the United States: A population-based study evaluating patient clinical characteristics and treatment trends

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Pemphigus and Bullous Pemphigoid (BP) are blistering skin diseases that have been increasing in incidence. Determining patient characteristics and medication prescribing patterns for pemphigus and BP can help dermatologists better care for this medically complex population. This study sought to determine patient characteristics and treatment patterns at pemphigus and BP visits in the United States. We performed a cross-sectional, population-based analysis using the National Ambulatory Medical Care Survey (NAMCS) database from the years of 1993-2015. Between 1993-2015, there were 453,315 pemphigus and BP visits among 359,856 encounter patients. Mean ages of visit patients were 50.0 years and 59.3 years, respectively. Non-Hispanic patients (74.2%) were more frequent at pemphigus and BP visits compared to BP (67.0%). The most frequently prescribed medication classes at pemphigus and BP visits were prednisone (64%), topical corticosteroids (9%), and cyclosporine (9%). BP visits were associated with diagnoses such as urinary tract infections (16%), diabetes (15%), and gastrointestinal reflux disease (12%). Additional visits were from females (66%), 17-49 years old (53%), and employed patients (53%). The most commonly prescribed medications at pemphigus and BP visits were prednisone (59%), topical corticosteroids (8%), and cyclosporine (8%). BP visits were associated with the diagnosis of hypertension (5%). In conclusion, this study demonstrates that both pemphigus and BP predominantly affect an older population. Notable, oral prednisone was the most commonly prescribed treatment for pemphigus and BP.

240 Differences in acne therapy prescribing patterns between pediatricians and dermatologists

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The epidemiology of atopic eczema in older adults: A population-based study

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In a retrospective cohort study done using TriNetX, a national federated real time database of 63 million records. COVID patients were identified by validated ICD-10 and ICD-11 codes and were managed in a real life setting. We conducted a retrospective study using data from the National Ambulatory Medical Care Survey from 2002 to 2016 for pediatric visits and 2010 to 2016 for dermatology visits. There were 9862 and 13,880 patients (ages 0-99) registered in a UK electronic health records database (The Health Improvement Network) from 1994-2013. Cross-sectional analyses of disease prevalence were defined as a composite of mortality and ventilation. Subgroup analyses were also performed for VZV patients with a one-year history of antivirals. In a matched sample of 3493 patients in patients with COVID outcomes such as hospitalization (1.01[0.83-1.22]), acute respiratory distress syndrome (ARDS) (1.41[0.96-2.07]), mechanical ventilation (0.98[0.75-1.28]), mortality (1.04[0.82-1.31]), and severe COVID (1.01[0.83-1.22]). VZV patients were at a statistically significant higher risk for sepsis (1.64[1.25-2.16]). Subgroup analysis revealed that VZV-COVID patients with a history of antiviral use were at statistically significantly higher risks for hospitalization (1.37[1.07-1.74]) and severe COVID (1.65[1.01-2.69]). VZV-COVID patients with a history of antiviral use in VZV-COVID patients were at a higher risk for severe COVID compared to COVID patients without VZV. However, VZV patients with a history of antiviral use in VZV-COVID patients were not at a higher risk for COVID complications compared to COVID patients without VZV.