Table SV. Reasons given to justify therapeutic inertia (*n* = 132[a])

Reasons given by the dermatologists to justify therapeutic inertia	Yes *n* (%)
Medical practice	
I need time before reassessing treatment	88 (66.7)
I am sensitive to negative feedback from colleagues about new treatments	55 (41.7)
I may not have enough time during the consultation (due to holidays, consultation hours, etc.)	41 (31.1)
Hospital evaluation is needed before using a new treatment	38 (28.8)
The burden of starting treatment and follow-up is too heavy	31 (23.5)
Bad personal previous experience	28 (21.2)
I find it difficult to change my habits	17 (12.9)
I'm having trouble setting a therapeutic objective and reevaluating it	14 (10.6)
Lack of time during consultation to explain the new treatment to the adolescent and their family	14 (10.6)
Lack of time for follow-up of an adolescent with plaque psoriasis	11 (8.3)
Medical training and information	
A lack of control over the start of a treatment	52 (39.4)
Lack of training	32 (24.2)
A lack of conviction about the effectiveness of the therapeutics	21 (15.9)
Distrust of information provided by laboratories	19 (14.4)
Negative feedback from my colleagues	16 (12.1)
Disease evaluation	
Favourable evolution of plaque psoriasis	106 (80.3)
Psoriasis was too localized	82 (62.1)
Nature of the treatment	
Fear of potential adverse events associated with the treatment	51 (38.6)
The therapeutics currently on offer are redundant	21 (15.9)
Plaque psoriasis medication is too complex	15 (11.4)
Cost of treatments is too high	15 (11.4)
Adolescent status	
The adolescent refused	109 (82.6)
Reluctance of the adolescent or their parents to start a new treatment	93 (70.5)
The adolescent is satisfied with their current treatment, although this differs from your assessment of effectiveness	91 (68.9)
Lack of motivation from the adolescent	73 (55.3)
A recent change in treatment	73 (55.3)
Concomitant acute disease	73 (55.3)
The adolescent was unavailable (due to holidays, consultation hours, etc.)	69 (52.3)
The adolescent's fear of adverse drug reactions	63 (47.7)
Anticipation of bad compliance	60 (45.4)
The adolescent's psychological state (depression, psychiatric illness, etc.)	60 (45.4)
The presence of comorbidities	47 (35.6)
The adolescent's belief in the dangerous nature of care (treatments, vaccines, etc.)	41 (31.1)
Alexithymia in the adolescent	28 (21.2)
I'm not comfortable managing adolescents	26 (19.7)
A recent emotional event	18 (13,6)
Parental aspects	
Refusal by the parents	93 (70.5)
A request from the parents exclusively	73 (55.3)
A fear of treatment side effects expressed by the entourage	49 (37.1)
Belief of loved ones in the dangerous nature of medical care (treatments, vaccines, etc.)	35 (26.5)
Fear of family reactions in the event of inefficacy or side effects	17 (12.9)
Healthcare system	
The drugs are not licensed for adolescents	80 (60.6)
I prefer to entrust treatment to a more specialized colleague	53 (40.2)
Prescription is restricted to hospitalsb and I do not have access	37 (28.0)
Difficulties accessing treatment and, in particular, the level of insurance reimbursement	32 (24.2)
I don't want to refer my patient to the hospital and no longer be able to provide follow-up	17 (12.9)
I have not had the opportunity to obtain the opinion of my colleagues for this medical decision	17 (12.9)

[a]Evaluation among the 132 dermatologists who reported regularly managing adolescents with psoriasis. [b]For cyclosporine and biotherapies in France.