



Impact of the COVID-19 Pandemic on Chronic Inflammatory Dermatoses: Mixed Messages Regarding the Dermatologist's Point of View and the Patient's Concerns

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The COVID-19 pandemic in France led to the implementation of lockdown measures on 17 March 2020, limiting medical activity to urgent care. Between 15 and 27 April 2020, we evaluated the impact of these measures on the management of chronic inflammatory dermatoses (CID), through interviews with dermatologists and patients (members of the Association France Psoriasis, Association Française de l'Eczema, Solidarité Verneuil and Association Française pour la Recherche sur l'Hidrosadénite), using dedicated questionnaires.

A total of 308 dermatologists and 2,141 patients participated in this study. Of the patients, 71.8% were women, 67.1% had psoriasis, 17.3% had hidradenitis suppurativa and 15.6% had atopic dermatitis. During the study period, 36.2% of the patients had a scheduled appointment planned. Of these patients 22.7% kept the appointment, 22.7% cancelled or postponed the appointment themselves, and 54.8% of the appointments were cancelled or postponed by the dermatologist. Seventy percent (70%) of patients whose appointments had been cancelled or postponed by the dermatologist reported that no alternative solution had been offered to them.

In contrast, dermatologists reported that they rescheduled CID follow-up appointments in 95% of cases and that they performed follow-up remotely (remote consultation, management by telephone or e-mail) in 95.1% of cases. Of the 1,593 patients who received treatment for their CID, 76.0% continued their treatment regimen, 16.7% discontinued treatment due to the fear of side-effects, 5.6% discontinued treatment on the advice of their dermatologist, and 1.7% discontinued treatment due to problems with availability in pharmacies.

Dermatologists reported that during the pandemic period, they had stopped systemic (methotrexate, cyclosporine) and biologic treatments in 1.62% and 1% of their patients, respectively.

Usual treatment was maintained in the majority of patients, or its continuation was discussed, depending on the patient's comorbidities. Initiation of systemic and biologic treatment was postponed in 63.6% and 41.2% of cases, respectively. The COVID-19 pandemic was considered to have had a negative impact on the management of CID by 40.3% of patients and 49.7% of dermatologists. Moreover, 69% of patients reported that their CID worsened during lockdown.

Prior to the COVID-19 pandemic, 9.1% of dermatologists were already using remote consultations. This figure increased to 68.8% during the lockdown, and 52.3% stated that they would conduct more remote consultations after the end of the pandemic.

The COVID-19 pandemic and the lockdown measures greatly modified consultation modalities for CID (1, 2). The lack of an alternative to face-to-face appointments for the majority of patients may be explained by the fact that remote consultations were not used by the vast majority of dermatologists before the pandemic. Remote teleconsultation procedures took several days to a week to implement, which explains the discrepancies observed between patients' and dermatologist's statements. Dermatologists did not interrupt systemic or biologic therapy regimens of patients with CID, in accordance with the recommendations of different scientific associations issued during the first week of March 2020 (3). The rate of interruption of treatment may be explained by the lack of knowledge of the pathophysiology of the COVID-19 infection, particularly that of the severe forms. The extensive media coverage of this pandemic may also have worried both patients and dermatologists. Moreover, a significant proportion of both patients and dermatologists reported that the pandemic had a negative impact on the management of CID.

The COVID-19 pandemic has enabled dermatologists to accelerate the implementation of online dermatology consultations for patients with CID, thus helping patients to cope with their chronic disease and reducing its impact on their daily life. This period has also highlighted the interest in using digital methods, such as webinars and other specialized web-based approaches, to provide updated information for patients with CID receiving systemic or biologic treatments.

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