

How Can We Improve Care for Patients with Atopic Dermatitis in Portugal?

Como Podemos Melhorar os Cuidados aos Doentes com Dermatite Atópica em Portugal?

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The recent study “Assessing the Burden of Atopic Dermatitis in Portugal through Patient-Centered Experiences” by Michelle Tu *et al*¹ provides a deep insight into the multifaceted burdens faced by individuals with atopic dermatitis (AD) in Portugal. This comprehensive analysis highlights not only the physical and mental health impacts of AD but also the significant financial strain and the suboptimal aspects of current patient management.

Atopic dermatitis, a chronic inflammatory skin condition, affects millions worldwide, causing severe itching, skin lesions, and a substantial reduction in quality of life.² In Portugal, the estimated prevalence of AD is approximately 0.6% to 3.5%.¹ The authors of the study conducted a survey of 419 Portuguese adults and caregivers of children with AD (45% were caregivers to pediatric patients and 55% were adult patients) to capture the experience of managing atopic dermatitis in Portugal.

The study's survey revealed critical insights into treatment satisfaction, symptom control, financial burdens, and overall quality of life.

One of the main findings of this study was the moderate overall satisfaction with AD treatments, averaging a 3.15 out of 5 rating. This points to a significant gap in the effectiveness of the current medical management. Patients reported higher satisfaction when treated by dermatologists compared to family physicians, underscoring the critical role of specialized dermatology care and expertise in managing complex AD cases. However, the study also showed that, despite higher satisfaction rates with dermatologists, there was no significant difference in long-term symptom control compared to family physicians. This indicates that, even though specialist care improves patient satisfaction, the quality of care provided by family physicians seems reassuring. Moreover, more effective long-term treatment strategies are needed in both primary and secondary care.

The study highlighted the underuse of shared decision-making and patient education in managing atopic dermatitis. Only 34% of adult patients and 39% of caregivers reported

that healthcare providers acknowledged their priorities during visits, and merely 40% of adults and 32% of caregivers received patient education. This suggests that there is a significant gap in patient-centered care, as shared decision-making is vital for aligning treatment plans with patients' values and preferences, thereby enhancing adherence and improving health outcomes. Similarly, patient education empowers individuals to manage their condition more effectively, leading to better symptom control and quality of life. Therefore, there is clearly a high need for comprehensive education programs that cover disease management, treatment options, and self-care strategies to improve patient engagement and satisfaction.

The financial impact of AD on patients and caregivers in Portugal was also found to be high and deeply concerning. Nearly 80% of respondents reported using savings, borrowing money, or reducing spending to cover AD-related costs. This financial strain can exacerbate stress and negatively impact overall health and well-being. In fact, the study found a significant correlation between financial worry and AD severity, indicating that more severe cases of AD are associated with greater financial burden. So, addressing this financial burden is crucial for improving the overall well-being of AD patients.

Finally, this study also confirmed the significant burden of disease, which extends beyond financial concerns and affects patients' quality of life considerably. Portuguese adult patients scored 0.86 out of 1.00 on the EQ-5D, a measure of health-related quality of life, indicating a substantial disease burden. This score suggests that AD patients are willing to trade off 14% of their remaining lifespan to achieve perfect health, underscoring the severe impact of AD on daily life. The average health-related quality of life score identified by the EQ-VAS (another measure of health-related quality of life) in adult Portuguese patients was 73 out of 100, lower than the national average for adults (75/100). This disparity highlights the significant impairment in quality of life experienced by AD patients, pointing to an urgent need for more

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holistic and effective treatment approaches.

The findings of this study have several important implications for healthcare policy and clinical practice in Portugal. Firstly, there is a clear need to improve access to not only family physicians, given their presence in the community and close relationship with their patients, but also dermatologists and other specialists who can provide high-quality care for AD patients. Increasing their availability through the public healthcare system can help address this need. Policymakers should consider strategies to reduce out-of-pocket costs for AD patients, such as subsidizing treatments and providing financial support for those in need. Reducing the financial strain on patients can improve their ability to manage their condition effectively and enhance their quality of life.

Healthcare providers should prioritize shared decision-making and patient education in AD management. Incorporating these elements into routine care can enhance patient satisfaction, adherence to treatment, and improve overall health outcomes. This approach will likely get the patient population more engaged.

In conclusion, the study by Michelle Tu *et al* provides valuable insights into the challenges faced by AD patients and caregivers. The findings underscore the need for improved patient-centered care, enhanced access to both primary and specialist care, increased patient education,

and strategies to alleviate the financial burden of AD. By addressing these issues, healthcare providers, researchers, and policymakers can significantly improve the lives of those affected by atopic dermatitis in Portugal. This study serves as a call to action to prioritize the needs of AD patients and to develop comprehensive care strategies that address the multifaceted burdens of this chronic disease.

COMPETING INTERESTS

TT has received consulting fees from AbbVie, Amgen, Almirall, Amgen, Arena Pharmaceuticals, Biocad, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Fresenius-Kabi, Janssen, LEO Pharma, Eli Lilly, MSD, Mylan, Novartis, Pfizer, Samsung-Bioepis, Sanofi-Genzyme, Sandoz and UCB; received payment or honoraria from AbbVie, Almirall, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Janssen, LEO Pharma, Eli Lilly, MSD, Mylan, Novartis, Pfizer, Sanofi-Genzyme for lectures, presentations, speakers bureaus, manuscript writing or educational events.

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