

The Burden of Moderate to Severe Atopic Dermatitis in Canadian Children: A Cross-Sectional Survey

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Abstract

Objectives: Although atopic dermatitis (AD) has significant impacts on quality of life, data from Canada on the subject are limited. This survey aims to assess the burden of moderate to severe AD on quality of life and disease management for pediatric patients and their caregivers in Canada.

Methods: The Eczema Society of Canada conducted an online national cross-sectional survey in English and French. We included children with self-reported moderate to severe AD. We present descriptive statistics from the survey.

Results: Of all initial respondents (n = 658), 70% (n = 458) were children or caregivers of children who have moderate or severe AD and were therefore eligible. Among them, 27% (123/451) are managed by a dermatologist, with 71% (174/244) waiting more than 3 months to see a dermatologist. Many respondents (85%, 279/330) feel that their child's AD is not well controlled, and 27% (75/275) have difficulty obtaining treatments for their child's AD. Impaired quality of life was found in 52% of families (200/381), with most reporting sleep disturbances in both the child (70%, 253/361) and the caregiver (55%, 199/361), as well as mental health issues.

Conclusions: This survey demonstrates the medical and psychosocial burden of moderate to severe AD in Canadian children. Quality of life, access to care, and disease management are all areas of concern for patients and their families and warrant attention from individual clinicians and the health care system as a whole.

Keywords

dermatitis, eczema, pediatric

Atopic dermatitis (AD) affects approximately 20% of children worldwide.¹ Considering the early age of onset and high prevalence in children, the burden of AD is tremendous. However, reliable estimates of its prevalence and burden among Canadian children are limited.

In spring 2017, the Eczema Society of Canada conducted an online survey to evaluate quality of life (QoL), treatments, and access to care in Canadian children (<18 years) with caregiver and self-reported AD. Data were collected on sociodemographics, health care provider characteristics, wait times, treatment, and surrogate markers of QoL impairment. Results were originally published in a lay report²; we summarize notable results for a medical audience in this letter, with data tables and figures accessible in the online supplement. Our letter focuses on caregivers of children and youth with moderate to severe AD, representing 70% of the initial 658 respondents (Suppl. Table S1).

Sleep disturbance was the most frequently reported concern in children with AD (70%, 253/361) (Suppl. Figure

S1). Many children (51%; 183/359) reported avoiding social activities due to their AD and difficulty participating in

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physical activities. Of particular concern is that 20% of children (71/352) miss school due to their AD, and of those respondents, 23% have reported missing 10 days or more in the past year. Moreover, 30% of children have anxiety related to their AD, and consistent with previous studies,³ 52% (200/381) of respondents reported impaired family QoL due to their child's AD.

Timely access to dermatology consultation is a significant issue in Canada.⁴ Only 27% (123/451) of respondents are managed by a dermatologist (Suppl. Table S2), with 46% (113/244) of children waiting 3 months or longer for an appointment and 25% waiting 6 months or longer (Suppl. Table S3). Furthermore, nearly one-third of respondents (27%, 75/275) reported having difficulties obtaining treatments for their child's AD.

Unfortunately, most survey respondents feel that their child's AD is not well controlled. Most respondents (85%, 279/330) have used 3 or more treatment modalities for their child's AD, with topical corticosteroids being the most common. A number of participants (18%, 57/318) report use of systemic corticosteroids for AD (Suppl. Figure S2), despite recommendations to limit their use.⁵

Regardless of treatment modality, 80% (222/279) of respondents find the recommended care regimen for their child's AD to be challenging. Many respondents cited time constraints and physically painful or uncomfortable application of topical medications as primary concerns.

Our study has a number of limitations. As the survey was open to the Canadian public, we cannot calculate a response rate. Selection bias likely affects our results, as individuals with more severe AD or negative health care experiences may have been more likely to participate. There were many skipped questions by survey respondents, leading to different denominators for seemingly related questions.

This cross-sectional survey is informative on the burden of moderate to severe AD in Canadian children and their families. In addition to impacts on social functioning, mental health, and QoL, many children with AD and their families report limited access to care and difficulty accessing appropriate treatment.

Declaration of Conflicting Interests

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