

Atopic Dermatitis and Parental Guilt in the United States: Results of a Nationwide Study

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Atopic dermatitis (AD) is a chronic inflammatory skin condition affecting up to 20% of children, significantly impacting their quality of life (1). While the burden on children is well documented, the emotional toll on parents, particularly feelings of guilt, remains under-explored (2, 3). Guilt is a recognized response among caregivers of children with chronic illnesses, often assessed as a component of parental stress (4), but its prevalence and determinants in atopic dermatitis (AD) remain poorly explored.

This study assesses parental guilt in a representative US sample of parents of children with AD.

MATERIALS AND METHODS

The survey was conducted within the framework of “Scars of Life”. “Scars of Life” is a cross-sectional observational study, launched at the beginning of 2024, to assess the psychosocial burden of patients’ disease. A representative sample of 500 US parents of children with physician-diagnosed AD was recruited via stratified quota sampling from the Megabase database (Kantar Health, NY, USA), based on age, sex, environment, and income (5). Participants completed a digital questionnaire.

The questionnaire was developed in collaboration with the National Eczema Association (NEA). It included sociodemographic characteristics, personal history of AD, Caregiver-reported Patient Oriented Eczema Measure (POEM) score, familial history of AD, gender of the child, age of onset of the child’s AD, birth order of child, impact of AD on child’s daily life, impact on child’s social or emotional behaviour, ways of support during AD flare-ups (strictly medical, finding natural or alternative remedies, providing emotional support, leave your child to cope on their own), cooperation with other parents (close, difficult, or limited by disagreements), and presence of a feeling of guilt regarding their child’s AD.

Statistical analysis

Qualitative variables were analysed by frequency, quantitative variables by mean and standard deviation. Comparisons used chi-square and *t*-tests ($\alpha=0.05$). Multivariate logistic regression assessed predictors of guilt. Analyses were performed using EasymedStat software (<https://www.easymedstat.com/>).

Results

Overall, 500 parents of children with AD were included in the study, including 311 females (62.2%) and 189 males (37.8%). The mean \pm standard deviation (SD) age of females was 37.89 ± 7.46 and that of males was 38.85 ± 6.57 (*p*-value: 0.087).

A total of 404 parents (80.8%) reported feelings of guilt, with similar proportions of guilt expressed by parents of boys (82.7%,

n=239/289) compared with parents of girls (78.5%, *n*=164/209; *p*=0.285). Feelings of guilt were reported more commonly in parents of children with moderate (83.2%, *n*=238/286) and severe (88.5%, *n*=77/87) AD (based on the POEM score) than mild AD (70%, *n*=89/170).

Interestingly, parental guilt was reported more commonly among those with children whose AD began at age 2–6 years (82.6%, *n*=214/259) and above age 6 years (86.4%, *n*=121/140) compared with before the age of 2 years (68.3%, *n*=69/101; *p*=0.01). A personal history of AD in parents was not significantly associated with guilt (83% of cases, compared with 77.5% of those without such a history, *p*=0.15). Similarly, 82.8% of parents with a family history of AD reported guilt vs 76.4% without a family history (*p*=0.12).

Parents whose eldest or only child was affected expressed guilt at rates of 88.7% (*n*=94/106) and 88.3% (*n*=98/111) respectively. The rates were only 78.6% (*p*=0.02) and 78.7% (*p*=0.03) respectively for those who were not eldest.

Additionally, 93.3% of parents whose child experienced daily life impacts from AD felt guilty, compared with 58.6% among those whose child’s life was unaffected (*p*<0.001). Similarly, guilt was reported by 90.3% of parents whose child faced social or emotional challenges related to AD, compared with 56.4% of those without such challenges (*p*<0.001).

More parents (*n*=126/138: 91.3%) expressed guilt when cooperation with their partner was difficult or limited compared with those who had close cooperation from their partner (*n*=216/274: 78.8%; *p*=0.001) (**Table I**).

Among parents expressing guilt, there are few differences between fathers and mothers. The details of the comparison between mothers with guilt and fathers with guilt are presented in **Table II**.

In the multivariate analysis, we analysed the factors associated with parents’ guilt regarding their child’s atopic dermatitis (AD). The results show that fathers do not show a significant difference in guilt compared with mothers (OR=1.58; 95% CI (0.817; 3.05); *p*=0.175). However, a personal history of atopic dermatitis in the parents is significantly associated with increased guilt (OR=1.79; 95% CI (1; 3.2); *p*=0.049). Regarding the age of onset of AD, parents of children aged 2 to 6 years reported higher levels of guilt than those whose children were younger than 2 years (OR=2.16; 95% CI (1.09; 4.27); *p*=0.027). Having an only child was also associated with higher levels of parental guilt (OR=2.41; 95% CI (1.08; 5.36); *p*=0.031). However, no significant association was found between the sex of the child and parental guilt, with parents of girls having an odds ratio of 0.798 (95% CI (0.446; 1.43); *p*=0.448) compared with parents of boys. Limited parental cooperation, compared with close cooperation, appeared to be associated with marginally significantly increased guilt (OR=2.08; 95% CI (0.991; 4.36); *p*=0.052). The other results are presented in **Table III**.

DISCUSSION

This study shows that 80.8% of parents of children with atopic dermatitis (AD) experience feelings of

Table I. Proportion of parents with or without feelings of guilt regarding each of the studied variables

Item	Guilt (n = 404) n (%)	No guilt (n = 96) n (%)	p-value
Gender of parent			
Female parent	238 (58.91)	73 (76.04)	0.004
Male parent	163 (40.35)	22 (22.92)	
Severity (POEM)			
Mild	89 (22.0)	38 (39.58)	0.001
Moderate	238 (58.9)	48 (50.00)	
Severe	77 (19.1)	10 (10.42)	
Gender of child			
Boy	239 (59.2)	50 (52.08)	0.285
Girl	164 (40.6)	45 (46.88)	
Age of eczema onset			
< 2 years	69 (17.1)	32 (33.33)	0.001
2–6 years	214 (53.0)	45 (46.88)	
> 6 years	121 (30.0)	19 (19.79)	
History of atopic dermatitis in parent			
Yes	249 (61.6)	51 (53.13)	0.15
No	155 (38.4)	45 (46.88)	
History of atopic dermatitis in family			
Yes	284 (70.3)	59 (61.46)	0.12
No	120 (29.7)	37 (38.54)	
Affected child			
Eldest			
Yes	94 (23.3)	12 (12.5)	0.029
No	310 (76.7)	84 (87.5)	
Only child			
Yes	98 (24.3)	13 (13.5)	0.033
No	306 (75.7)	83 (86.5)	
Impact of AD on child's daily life as perceived by parents			
Yes	346 (85.6)	55 (57.3)	<0.001
No	58 (14.4)	41 (42.7)	
Social or emotional behaviour impacted as perceived by parent			
Yes	325 (80.4)	35 (36.5)	<0.001
No	79 (19.6)	61 (63.5)	
Ways of support eczema flares	147	30	
Strictly medical	257 (63.6)	66 (68.8)	0.4
Finding natural or alternative remedies	201 (49.8)	51 (53.1)	0.6
Providing emotional support	264 (65.3)	66 (68.8)	0.6
Leave your child to cope on their own	45 (11.1)	7 (7.3)	0.4
Work with other parent			
Closely together			
Yes	216 (53.5)	58 (60.4)	0.21
No	188 (46.5)	38 (39.6)	
Cooperation difficult or limited with disagreements			
Yes	126 (31.2)	12 (12.5)	<0.001
No	278 (68.8)	84 (87.5)	

guilt, a prevalence likely higher than that reported in other chronic paediatric conditions, where guilt is often assessed indirectly as a component of parenting stress (4). This emotional burden is particularly pronounced among parents of children with moderate to severe AD, reflecting the significant toll of observing a child's struggle with daily life disruptions and social/emotional challenges (2, 8). The caregiving responsibilities associated with managing AD profoundly alter parents' daily routines, as they undertake complex tasks to support their child's condition, transitioning from routine caregiving to a more intensive role as care providers (9).

Guilt is strongly associated with specific factors, including later AD onset (ages 2–6), having an only child, and limited co-parenting cooperation. Parents with a personal history of AD report heightened guilt, likely due to perceived genetic responsibility for their child's condition (6, 7). These findings are consistent with prior research

Table II. Comparison of mothers and fathers with feelings of guilt

Item	Mothers with feelings of guilt	Fathers with feelings of guilt	p-value
Gender of parent			
Female parent	238		
Male parent		163	
Severity (POEM)			
Mild	52 (21.8)	36 (22.1)	0.0849
Moderate	137 (57.6)	99 (60.7)	
Severe	49 (20.6)	28 (17.2)	
Gender of child			
Boy	109 (45.8)	129 (79.1)	<0.001
Girl	128 (53.8)	34 (20.9)	
Age of eczema onset			
< 2 years	60 (25.2)	9 (5.5)	<0.001
2–6 years	122 (51.3)	89 (54.6)	
> 6 years	56 (23.5)	65 (39.9)	
History of atopic dermatitis in parent			
Yes	146 (61.3)	100 (61.3)	0.999
No	92 (38.7)	63 (38.7)	
History of atopic dermatitis in family			
Yes	168 (70.6)	113 (69.3)	0.88
No	70 (29.4)	50 (30.7)	
Affected child			
Eldest			
Yes	50 (21.0)	44 (27.0)	0.204
No	188 (79.0)	119 (73.0)	
Only child			
Yes	53 (22.3)	45 (27.6)	0.27
No	185 (77.7)	118 (72.4)	
Impact of AD on child's daily life as perceived by parents			
Yes	205 (86.1)	139 (85.3)	0.923
No	33 (13.9)	24 (14.7)	
Social or emotional behaviour impacted as perceived by parent			
Yes	182 (76.5)	141 (86.5)	0.018
No	56 (23.5)	22 (13.5)	
Ways of support eczema flares			
Strictly medical	169 (71.01)	85 (52.1)	<0.001
Finding natural or alternative remedies	121 (50.84)	80 (49.1)	0.807
Providing emotional support	163 (68.49)	99 (60.7)	0.135
Leave your child to cope on their own	18 (7.56)	26 (16.0)	0.013
Work with other parent			
Closely together			
Yes	128 (53.8)	87 (53.4)	0.9
No	110 (46.2)	76 (46.6)	
Cooperation difficult or limited with disagreements			
Yes	61 (25.6)	63 (38.7)	<0.01
No	177 (74.4)	100 (61.3)	

Table III. Multivariate analysis

Item	Odds ratio	p-value
Intercept	2.37 [0.776; 7.25]	0.13
Parent		
Reference: mother		
Father	1.58 [0.817; 3.05]	0.175
Personal history of A D	1.79 [1;3.2]	0.049
Age of onset		
Reference < 2 years		
2–6 years	2.16 [1.09; 4.27]	0.0274
> 6 years	1.81 [0.823; 3.97]	0.14
Only child	2.41 [1.0 8; 5.36]	0.0315
Sex of child		
Reference: boy		
Girl	0.798 [0.446; 1.43]	0.448
Ways of support during AD flare-ups		
Strictly medical	0.725 [0.353; 1.49]	0.381
Finding natural or alternative remedies	0.611 [0.34; 1.1]	0.0988
Providing emotional support	0.815 [0.438; 1.52]	0.519
Leave your child to cope on their own	1.52 [0.418; 5.52]	0.526
Cooperation with other parent		
Reference: close cooperation		
Limited cooperation	2.08 [0.991; 4.3 6]	0.0528

indicating that familial and genetic factors amplify parental emotional responses (6). Limited co-parenting cooperation further exacerbates guilt, possibly due to increased stress and feelings of isolation, underscoring the critical role of family dynamics in shaping emotional outcomes (10).

These results highlight the necessity of a family-centred approach to AD management, one that addresses both the clinical symptoms of the child and the emotional well-being of parents (3, 11).

In 2015, Pustišek et al. (12) mentioned that clinicians should incorporate emotional and educational support into the management of AD to improve the well-being of families. It is understandable that this type of support may be difficult to implement in a community practice. In such practices, addressing parents' feelings of guilt during consultations could encourage open discussions and thus alleviate parents' emotional distress and promote better well-being for the whole family. Such an approach may enhance treatment adherence and strengthen family resilience, ultimately improving outcomes for children with AD.

In conclusion, parental guilt in AD is influenced by several factors, including the parent's history of AD, the onset of the child's symptoms between ages 2 and 6, and whether the child is an only child. Guilt is more common when AD significantly impacts the child's daily life or emotional well-being, with fathers particularly affected by perceived social challenges. Additionally, the quality of parental cooperation within the family plays a role, as higher guilt is reported when cooperation is limited.

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