

Predictors of Patient Satisfaction in Atopic Dermatitis

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To the Editor

Patient satisfaction is now an essential indicator for assessing the quality of care. It is not limited to the disappearance of symptoms but encompasses the patient's entire experience: their relationship with healthcare professionals, the clarity of the information received, the consideration given to their expectations and the psychological support provided. In dermatology, and particularly in atopic dermatitis (AD), this concept is crucial, as the disease is chronic and has a significant impact on quality of life (1).

As part of its atopy barometer (2, 3), the French Eczema Association conducted an observational study of 1,201 patients with AD (758 women and 443 men). The median age of the sample was 44 years. The data included sociodemographic and clinical variables, the atopic dermatitis burden score (ABS-A) (4) to measure the burden of the disease, and questions targeting the physician-patient relationship and therapeutic expectations. Associations with satisfaction were assessed using multivariate analyses (logistic regression).

In our sample, patients with mild AD and those with moderate-to-severe disease showed overall similar clinical profiles according to the patient-oriented eczema measure (POEM) score, although some differences were observed. Moderate-to-severe forms were associated with

younger age and a significantly higher disease burden (ABS-A: 25.7 vs 23.4, $p=0.01$). The proportion of patients considering their treatment appropriate was comparable between groups ($\approx 83\%$), but overall satisfaction with care was lower among patients with moderate-to-severe disease (46.3 vs 57.2, $p<0.001$). These patients more frequently reported being involved in treatment decisions and perceived that their well-being was taken into account by their physician. However, regardless of disease severity, fewer than half of the patients reported having discussed all available treatment options, and only about half indicated that potential adverse effects had been addressed. Notably, only 10% of patients who are not on systemic treatments are aware of a superior therapeutic option. It should be noted that only 33% stated that their physician asked about their expectations and the outcomes they wished to achieve with their treatment (**Table I**).

Multivariate analysis identified distinct factors associated with satisfaction depending on AD severity. In patients with mild forms, satisfaction was strongly associated with the perception that their treatment was appropriate (odds ratio [OR]=4.3 [2.74; 6.74], $p<0.0001$), that side effects had been discussed (OR=2.19 [1.49; 3.23], $p<0.0001$) and that the physician took their well-being into account in treatment decisions (OR=1.6 [1.09; 2.34], $p=0.0164$). Among those with moderate-to-severe

Table I. Clinical characteristics and physician-patient relationship by sex

Variable	Atopic dermatitis rated mild by POEM	Atopic dermatitis rated moderate/severe by POEM	p-value
	N=804	N=397	
Age	45.98 (± 15.35)	40.66 (± 14.26)	<0.001
	Range: (18; 81.)	Range: (18; 81.)	
Man	297 (36.94%)	146 (36.78%)	>0.999
Woman	507 (63.06%)	251 (63.22%)	
ABS-A	23.4 (± 19.04)	25.76 (± 18.74)	0.013
	Range : (0.0; 90.0)	Range : (0.0; 90.0)	
State that their treatment is suitable for them	671 (83.46%)	331 (83.38%)	>0.999
Say they are satisfied with their care	460 (57.21%)	184 (46.35%)	<0.001
Their physician asked them about their expectations	269 (33.46%)	135 (34.01%)	0.901
Say they felt involved in the choice of treatment	378 (47.01%)	214 (53.9%)	0.029
Their physician explained the expected results of the new treatment	402 (50.0%)	198 (49.87%)	>0.999
They had the opportunity to discuss the different treatment options available for their atopic eczema, including no treatment	350 (43.53%)	175 (44.08%)	0.906
State that their physician asked them about their expectations	269 (33.46%)	135 (34.01%)	0.901
Believe that their physician takes their well-being into account in each treatment option	378 (47.01%)	214 (53.9%)	0.029
Their physician mentioned possible tolerance issues.	425 (52.86%)	213 (53.65%)	0.844
Their physician mentioned treatment alternatives to them	350 (43.53%)	175 (44.08%)	0.906

ABS-A: Atopic dermatitis Burden Score -Adult; POEM: Patient-Oriented Eczema Measure.

Table II. Factors associated with patient satisfaction

Atopic dermatitis rated moderate/severe by POEM			Atopic dermatitis rated mild by POEM	
Odds ratio	p-value		Odds ratio	p-value
0.855 [0.545; 1.34]	0.496	Gender/Reference: Women		
2.29 [1.44; 3.66]	<0.0001	Men	1.03 [0.749; 1.42]	0.846
		ABS-A<24.0	1.64 [1.18; 2.29]	0.003
		Age		
		Reference: [35, 55]		
0.432 [0.266; 0.701]	<0.0001	[17, 35]	0.861 [0.59; 1.26]	0.441
0.83 [0.451; 1.53]	0.548	[55, 81]	0.791 [0.547; 1.15]	0.215
2.35 [1.22; 4.52]	0.010	State that their treatment is suitable for them	4.3 [2.74; 6.74]	<0.001
1.12 [0.658; 1.92]	0.669	Their physician explained the expected results of the new treatment	1.19 [0.81; 1.74]	0.377
0.97 [0.575; 1.64]	0.91	They had the opportunity to discuss the different treatment options available for their atopic eczema, including no treatment	0.743 [0.499; 1.11]	0.144
2 [1.17; 3.4]	0.010	State that their physician asked them about their expectations	1.02 [0.678; 1.53]	0.927
0.791 [0.469; 1.33]	0.379	Say they felt involved in the choice of treatment	1.36 [0.937; 1.98]	0.105
0.943 [0.531; 1.67]	0.841	Believe that their physician takes their well-being into account in each treatment option	1.6 [1.09; 2.34]	0.0164
2 [1.18; 3.4]	0.010	Their physician mentioned possible tolerance issues.	2.19 [1.49; 3.23]	<0.001

ABS-A:Atopic dermatitis Burden Score -Adult; POEM:Patient-Oriented Eczema Measure.

AD, satisfaction was more strongly linked to having a treatment deemed appropriate (OR=2.35 [1.22; 4.52], $p=0.0107$), being asked about their expectations (OR=2.00 [1.17; 3.4], $p=0.0107$) and having had tolerance issues addressed (OR=2.00 [1.18; 3.4], $p=0.0104$) (Table II).

These results confirm that satisfaction is not solely dependent on clinical outcomes but is deeply influenced by the quality of communication and the level of involvement patients have in their care (5). Despite the majority of patients judging their treatment to be suitable, only around half reported being satisfied with their overall management. This discrepancy underscores the importance of discussing product tolerance, addressing patient expectations and fostering shared decision-making to improve both satisfaction and adherence (6).

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