

Real-World Topical Corticosteroid Treatment Patterns and Perceptions of Disease Control Among Adults and Caregivers of Children With Atopic Dermatitis, Psoriasis, or Seborrheic Dermatitis

Eric Simpson,¹ Lynda Schneider,² Jennifer Cather,³ Mark G. Lebwohl,⁴ Peter Lio,⁵ Melodie Young,³ Alicia L. O’Neal,⁶ Guy S. Eakin,⁶ Wendy Smith Begolka,⁷ Robert C. Higham,⁸ Melissa S. Seal,⁸ Diane Hanna⁸

¹Oregon Health & Science University, Portland, OR; ²Boston Children’s Hospital, Boston, MA; ³Mindful Dermatology and Modern Research Associates, Dallas, TX; ⁴Icahn School of Medicine at Mount Sinai, New York, NY; ⁵Medical Dermatology Associates of Chicago, Chicago, IL; ⁶National Psoriasis Foundation, Alexandria, VA; ⁷National Eczema Association, Navato, CA; ⁸Arcutis Biotherapeutics, Inc., Westlake Village, CA

SYNOPSIS

- The chronicity of inflammatory dermatoses such as AD, PsO, and SD requires the development of treatment plans that provide long-term control of signs and symptoms of disease
- TCS have been a treatment option for dermatoses since the 1950s; however, they have limitations complicating their therapeutic use for chronic inflammatory skin conditions^{1,2}
 - TCS are not recommended for long-term use (ie, >2–4 weeks)^{1,2}
 - To reduce the risk of AEs, TCS application should be intermittent and avoided on thin-skinned areas where systemic absorption is higher (eg, face, genitals, intertriginous areas)³
 - However, more research is needed to understand the treatment patterns, safety, and efficacy of using TCS reactively (as needed for sudden uncontrolled symptoms) or for long-term proactive therapy⁴
- Improved reporting of TCS-associated AEs, providing more detail toward resolution and clinical relevance, will better inform patient care⁴

OBJECTIVE

- To assess real-world treatment patterns, patient and caregiver perceptions of TCS use, symptom control, and concerns about treatment-related AEs among patients diagnosed with AD, PsO, or SD and prescribed TCS

METHODS

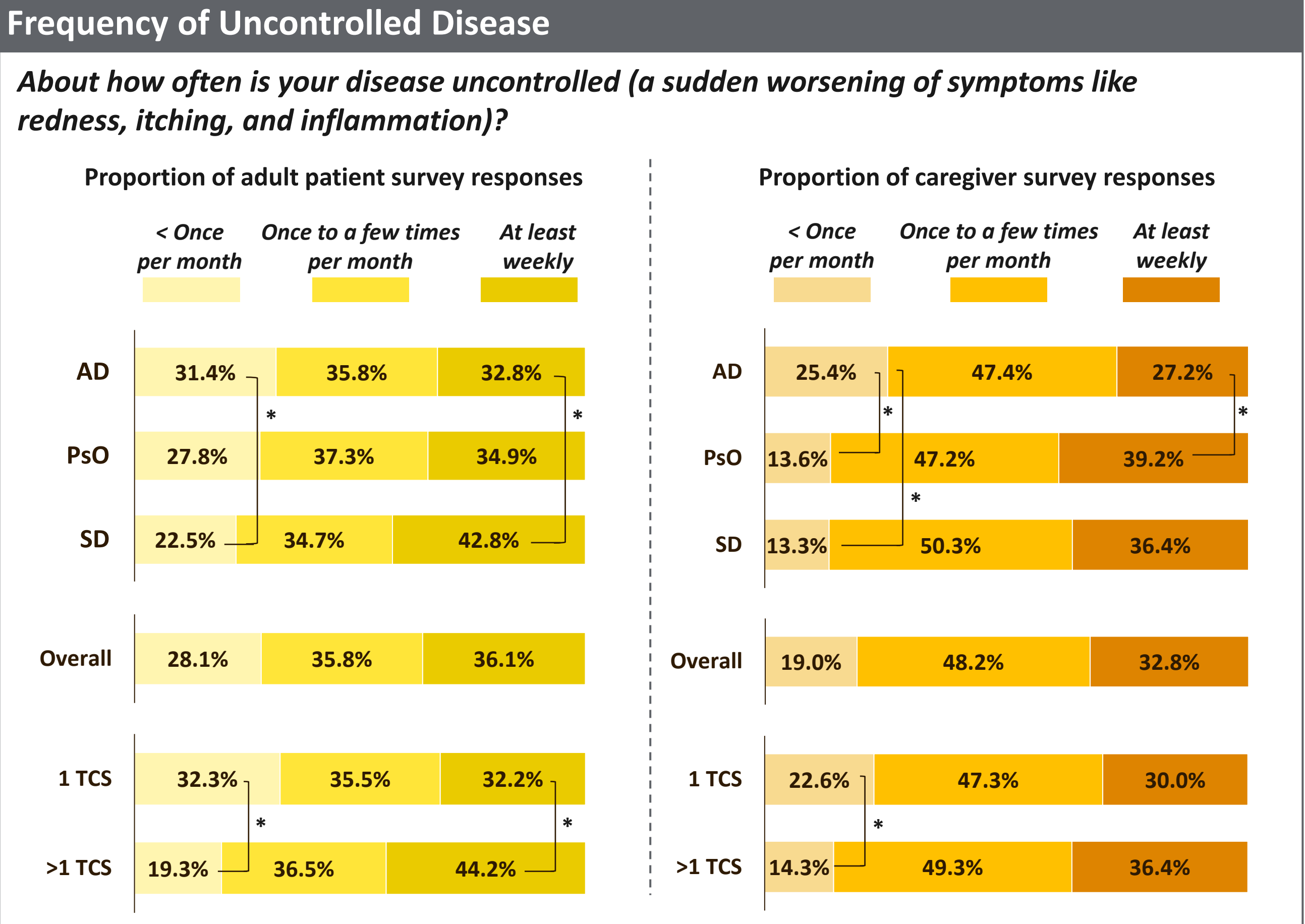
- Individuals who voluntarily registered with Wakefield Research, Inc., for participation in research panels received an email invitation to complete an online survey from August 18 to September 1, 2025
 - Two surveys were deployed, one to adults aged ≥18 years and another to caregivers of children
 - A self-reported diagnosis of AD or PsO (aged ≥6 years) or SD (aged ≥9 years) and a history of ≥1 TCS prescription were required for participation in the survey
- After agreeing to participate in the survey, respondents answered screening and classification questions in line with the criteria for this study (ie, age, diagnosis, TCS prescription) before being admitted to the 22-question online survey
 - IP addresses, device patterns, and response patterns were used to determine the quality of each data point throughout data collection
- Independent *t*-tests for means (based on a test for equal variances) and an independent *z*-test for percentages (unpooled proportions) were conducted to determine significance at the 95% level (ie, *P*≤0.05)
- Data related perception of long-term TCS use and AEs were also collected and are being presented separately

RESULTS

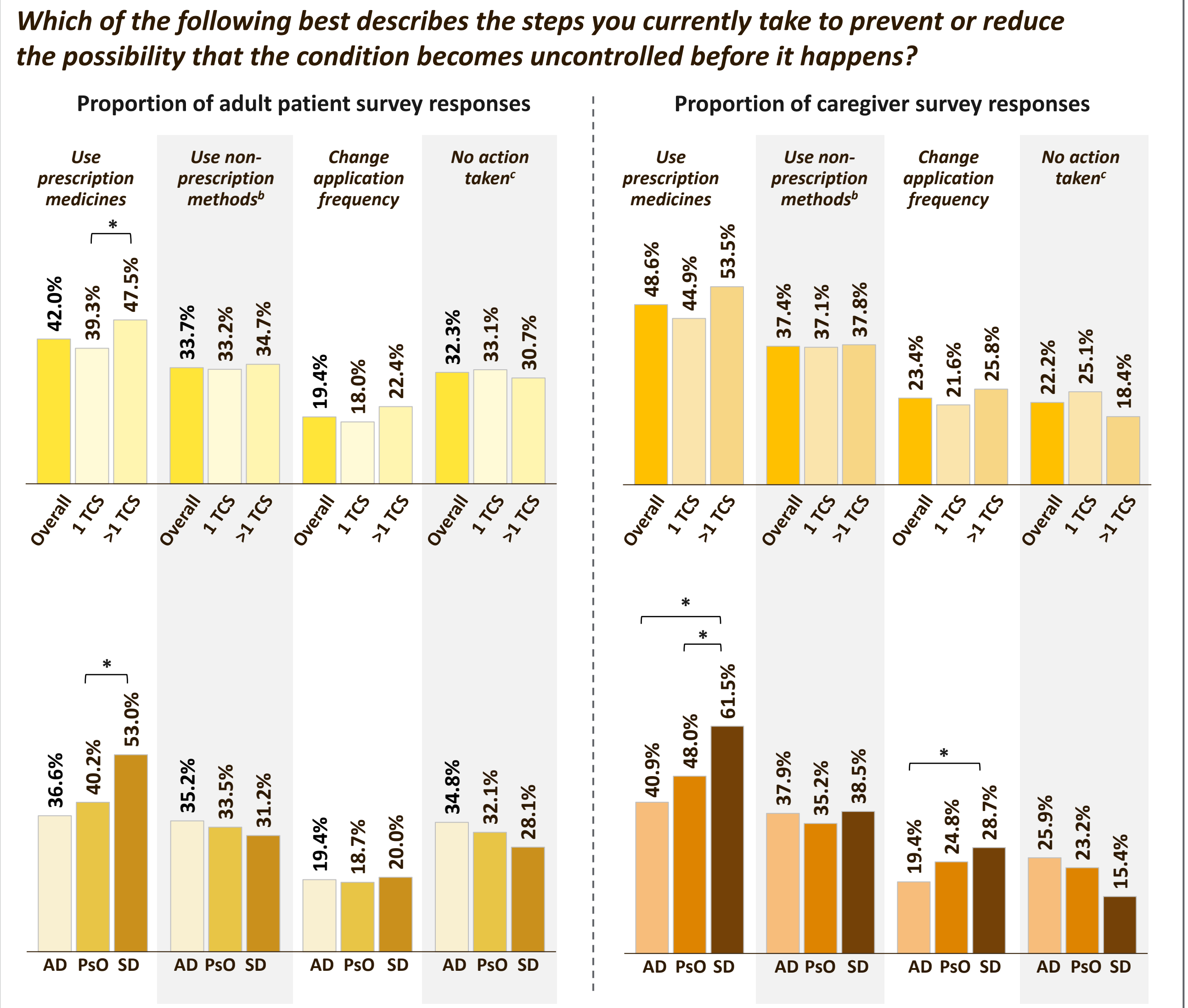
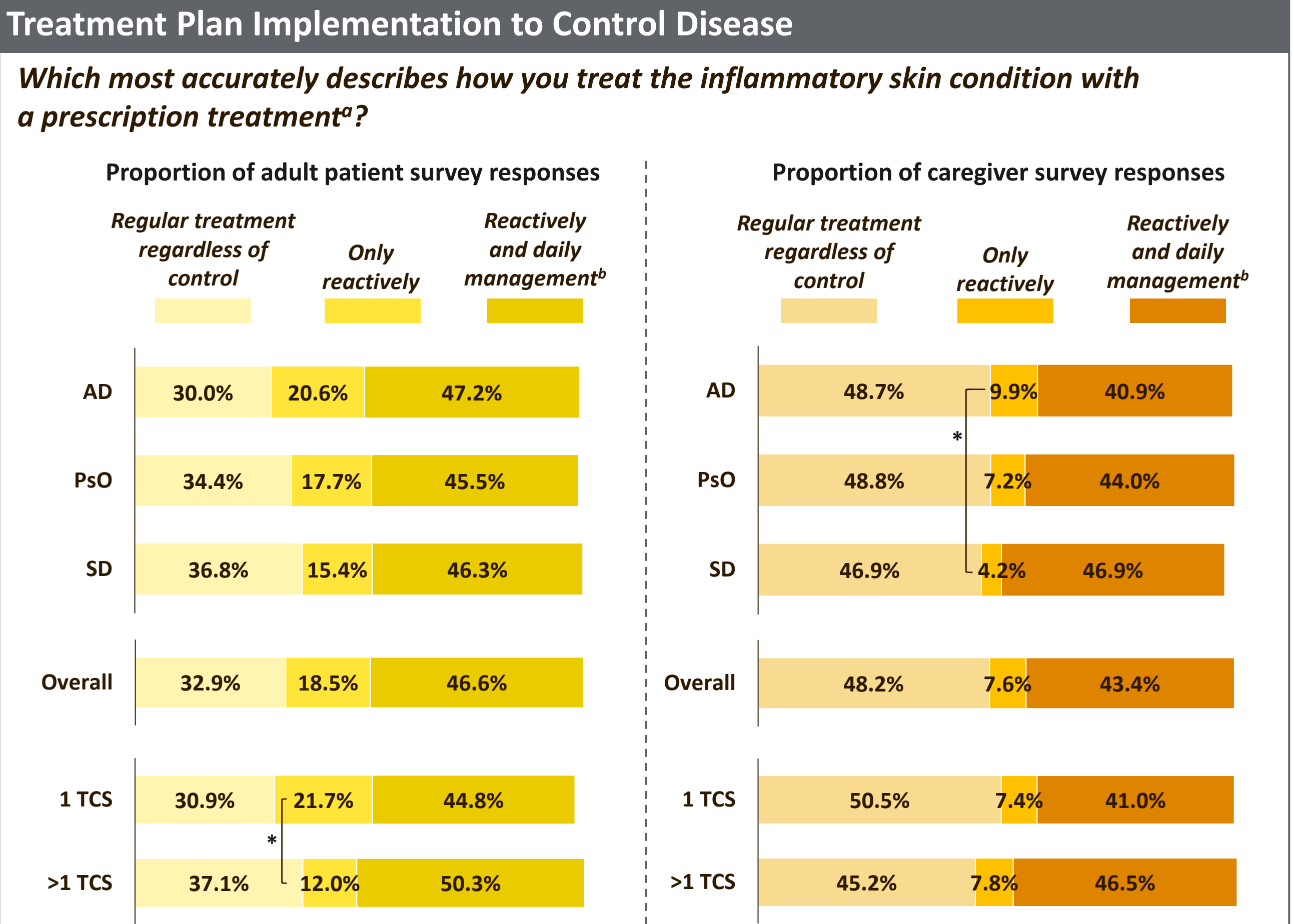
- A higher proportion of respondents reported they or their child had AD (50.6% and 46.6%, respectively) versus PsO (20.9%; 25.0%) or SD (28.5%; 28.6%)
 - Greater proportions of patients were prescribed 1 TCS (adults: 67.4%; children: 56.6%) than >1 TCS (32.6%; 43.4%)
 - Higher proportions of adults and children with SD versus AD or PsO were prescribed >1 versus 1 TCS
- Uncontrolled symptoms occurred at least weekly in 36.1% of adult patients and 32.8% of children; these rates were higher (*P*<0.05) for adults prescribed >1 versus 1 TCS and adults with SD versus AD, as well as children with PsO versus AD
- >60% of adult patients and >50% of caregivers applied TCS only reactively for uncontrolled symptoms
- Prescription medicines were used by >40% of respondents to prevent or reduce the possibility that the condition became uncontrolled; rates were significantly higher (*P*<0.05) for those with SD than with AD or PsO
- More than 77% of both adult patients and caregivers thought that treatment plans focused on reactive symptom management rather than long-term (>2–4 weeks) solutions
 - Although most respondents (>97% in each survey) felt their prescribed TCS were at least somewhat effective at long-term disease control, >40% of both adult patients and caregivers lacked confidence in treatment plans for controlling these symptoms
- Feelings of anxiety were reported when the condition was controlled (about when it may become uncontrolled again) for both adults (56.7%) and children (54.8%)
 - 39.9% of adult patients and 40.2% of caregivers sought alternative treatment because of anxiety or depression when the condition was uncontrolled; this occurred more often in adult patients with SD (46.0%) than AD (36.4%; *P*<0.05)

Patient Demographics and Condition Details						
n (%)		Adult patient survey (n=1000)			Caregivers of children survey (n=500)	
Patient female gender		522 (52.2)			250 (50.0)	
Patient age group		18–35 y	36–50 y	>50 y	6–9 y	10–12 y 13–17 y
		342 (34.2)	415 (41.5)	243 (24.3)	117 (23.4)	150 (30.0) 233 (46.6)
Patient race or ethnicity		597 (59.7)			279 (55.8)	
		206 (20.6)			111 (22.2)	
		160 (16.0)			92 (18.4)	
		37 (3.7)			18 (3.6)	
Self- or caregiver-reported cutaneous condition type		AD	PsO	SD	AD	PsO SD
		506 (50.6)	209 (20.9)	285 (28.5)	232 (46.4)	125 (25.0) 143 (28.6)
TCS prescriptions		1 TCS	371 (73.3)*,†	136 (65.1)	167 (58.6)	147 (63.4)† 70 (56.0)
		>1 TCS	135 (26.7)*,†	73 (34.9)	118 (41.4)	85 (36.6)† 55 (44.0) 77 (53.8)

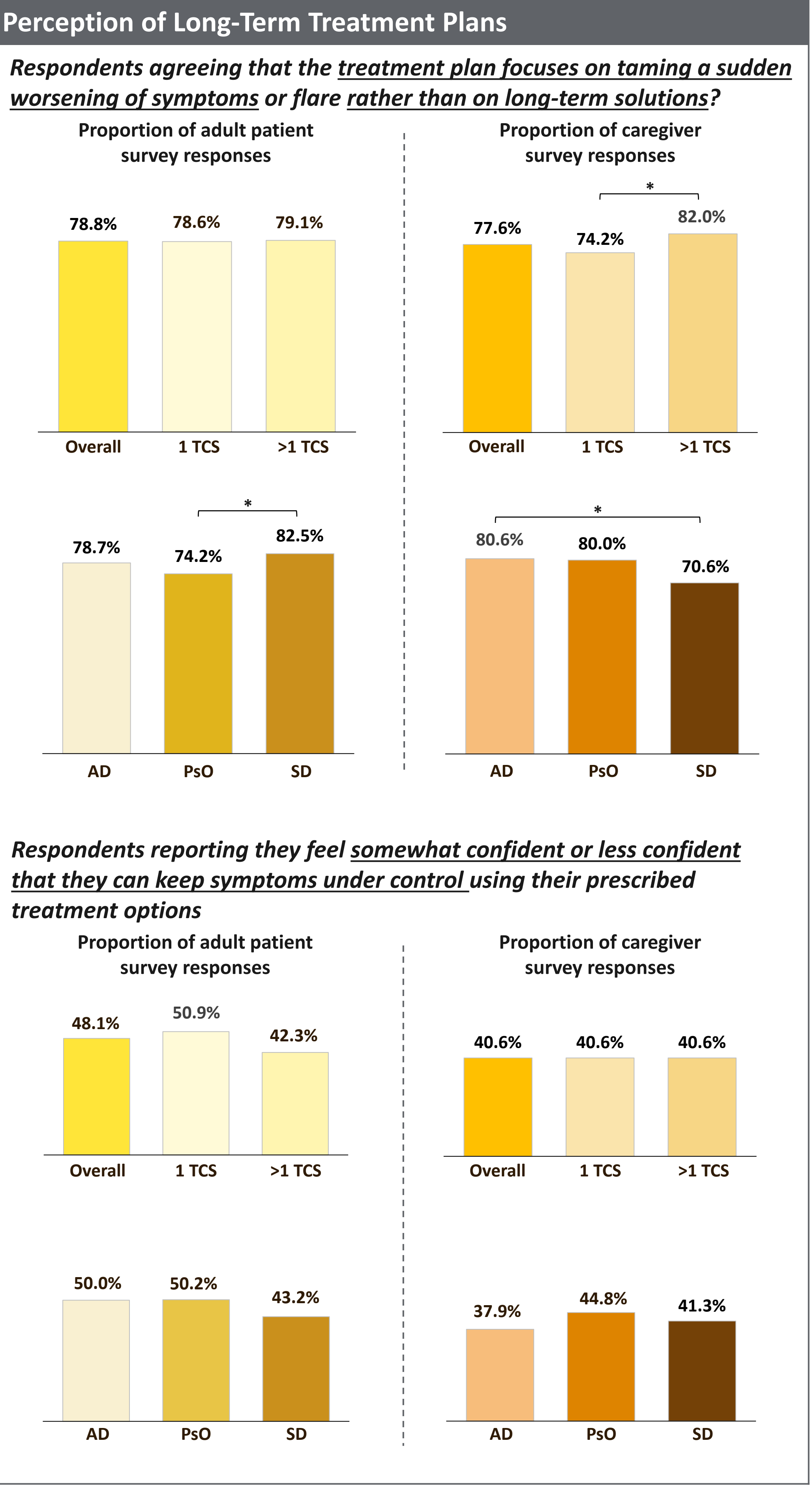
**P*<0.05 vs PsO. †*P*<0.05 vs SD.



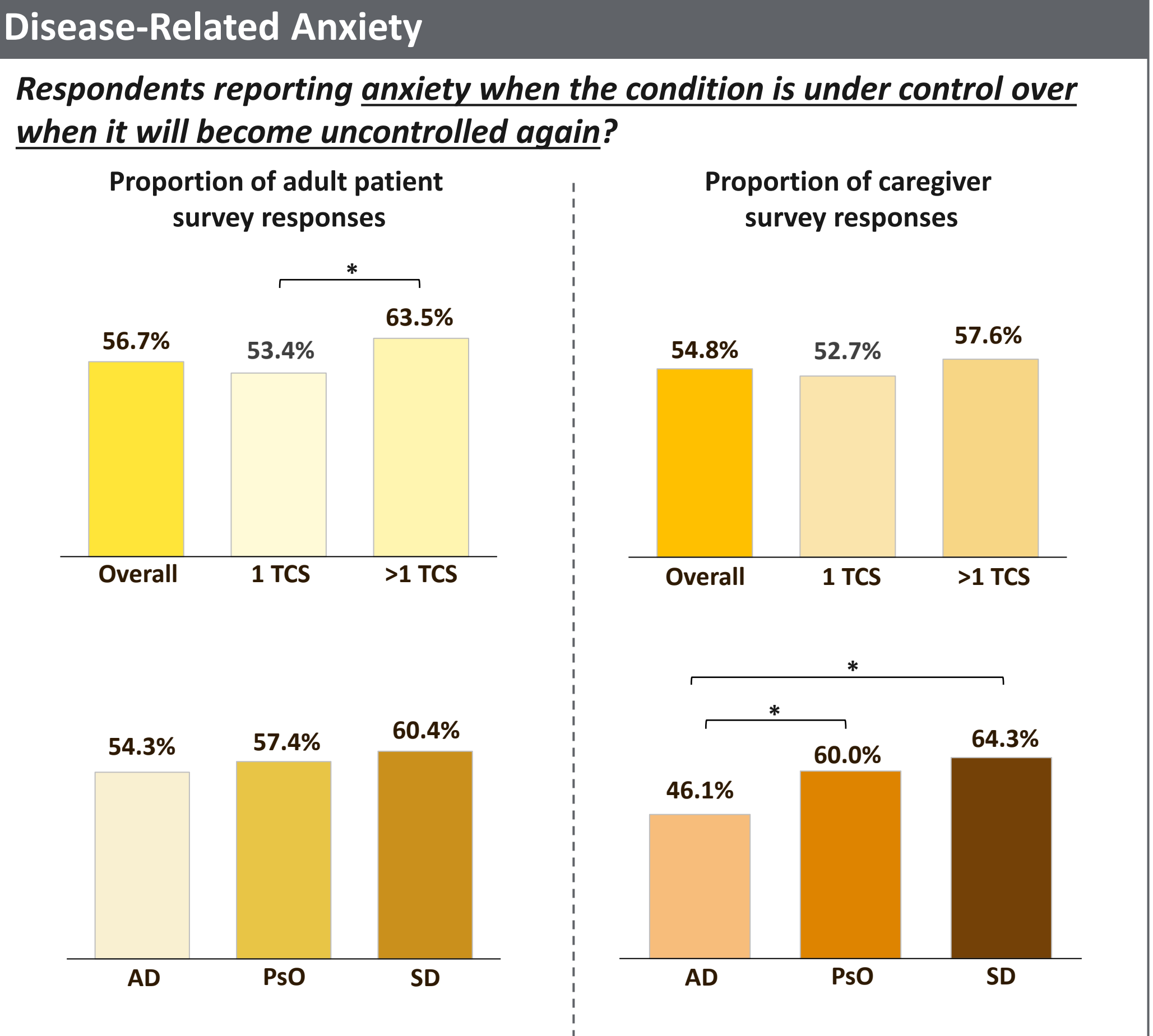
**P*<0.05.



**P*<0.05. †2% of adults and 1% of caregivers responded they did not use any prescription treatments. ‡Including use of air purifiers, reducing stress, avoiding alcohol, keeping skin moisturized. §Includes being unaware of other options and aware but did not use; statistical testing not performed on this combined group.



**P*<0.05.



**P*<0.05.

CONCLUSIONS

- One-third of adults and caregivers of children who were prescribed TCS to treat AD, PsO, or SD regularly experience uncontrolled symptoms; a greater proportion of adult patients prescribed >1 versus 1 TCS reported uncontrolled symptoms at least weekly
- Many adult patients and caregivers lacked confidence in their current prescription plan to provide long-term (>2–4 weeks) control of symptoms, and most (>77%) survey respondents agreed that treatment plans were not focused on long-term disease control
- Anxiety was reported for both adult patients and children when symptoms were controlled because of uncertainty about being able to maintain disease control
- The uncontrolled symptoms, uncertainty over treatment plans, and anxiety reported by adult patients and caregivers of children with chronic inflammatory dermatoses highlight a need for better long-term treatment options



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ABBREVIATIONS
AD, atopic dermatitis; AE, adverse event; IP, internet protocol; PsO, psoriasis; SD, seborrheic dermatitis; TCS, topical corticosteroids; y, years.

REFERENCES
1. Chu DK, et al. *Ann Allergy Asthma Immunol*. 2024;132:274–312. 2. Elmets CA, et al. *J Am Acad Dermatol*. 2021;84:439–470. 3. Harvey J, et al. *Skin Health Dis*. 2023;3:e268. 4. Lax SJ, et al. *Cochrane Database Syst Rev*. 2022;3(1):CD013355.

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DISCLOSURES
This study was funded by Arcutis Biotherapeutics, Inc. ES, LS, JC, MGL, PL, MY, ALD, GSE, and WSB are investigators and/or consultants for and received grants/research funding and/or honoraria from Arcutis Biotherapeutics, Inc. RCH, MSS, and DH are employees of Arcutis Biotherapeutics, Inc. Additional disclosures provided on request.