

Prevalence of Skin Disorders in Patients Seeking Health Care

To the Editor: In their article published in the January 2013 issue of *Mayo Clinic Proceedings*, St. Sauver et al¹ reported the prevalence of skin disorders in patients seeking health care, noting that almost half of the observed population (42.7%) had at least one *International Classification of Diseases, Ninth Revision* code for skin conditions within 5 years. The authors stated that “skin disorders are not typically major drivers of disability” and that perhaps teledermatology should be investigated as a way to increase health care efficiency and reduce health care expenditures.

We believe, and the evidence supports, that skin disease is indeed a major driver of disability.² In fact, one could infer that the finding that so many patients are willing to navigate the medical system, schedule appointments, and make co-payments, is testament to the fact that their skin ailments are important concerns and not just trivial distractions. Inflammatory skin disease adversely affects not only quality of life but also sleep, work productivity, social functioning, and pain and discomfort levels. Inflammatory skin disease is also associated with other medical and psychiatric disabilities.³ Neoplastic dermatologic disease, especially nonmelanoma skin cancer, is an epidemic, with 1 in 5 Americans expected to experience a tumor in their lifetime. If left untreated, neoplastic dermatologic disease is potentially deforming and in some cases life threatening.⁴

Although it is true that teledermatology has some real benefits in solving geographic access issues, it has yet to be shown to increase the productivity of dermatologists, which is where cost savings could be realized. Moreover, a recent review of the literature evaluated 78 teledermatology

studies and reported that approximately two-thirds of the studies found better diagnostic accuracy in clinic dermatology.⁵ Importantly, it was also determined that teledermatology and teledermatoscopy were inferior to clinic dermatology in diagnosing malignant lesions, a factor that should be seriously considered given the potential adverse outcomes of delayed diagnosis and treatment and the fact that this application is likely to be a common desired use of this technology.

We believe that it is critical to acknowledge the prevalence of skin disease and its potential impact on patients' physical and psychological well-being. We also note that dermatology training in medical school is minimal, especially compared with the demand presented by US patients.⁶ A call for action is needed to improve the dermatologic capabilities of many physicians, as well as the appropriateness of referrals and follow-up visits to dermatologists.

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In reply—Prevalence of Skin Disorders in Patients Seeking Health Care

We thank Drs Sung and Kimball for their interest in our recent article.¹ In their letter, they argue that some skin disorders may be major drivers of disability. In particular, they discuss inflammatory skin disease (eg, psoriasis) and nonmelanoma skin cancer. In addition, they argue that teledermatology and teledermatoscopy may not be a strategic alternative to a direct patient interaction with a specialist.

We agree that some skin conditions may have major physical and psychological consequences; however, our findings in Olmsted County were partly driven by common skin conditions such as acne or sebaceous cysts that are generally not major drivers of disability or death.¹ The third major dermatologic condition in Olmsted County was actinic keratosis, a condition considered to be a precursor of nonmelanoma skin cancer. This dermatologic condition may in some cases be life threatening.

We suggested that new models of dermatologic care delivery, such as teledermatology, should be critically explored within US health care systems to increase care efficiency and reduce health care expenditures.^{1,2} Drs Sung and Kimball argued that teledermatology is generally inferior to direct examination by a specialist and that malignant lesions may go unrecognized with the former. We acknowledge that melanoma is the fifth most commonly diagnosed new cancer among men and the seventh among women. However, death rates from melanoma have been declining rapidly in whites younger than 50 years of age, suggesting that the