

### Transcript Details

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## Addressing Unmet Needs in Pediatric Atopic Dermatitis: Equity, Access, and Advocacy

### Announcer:

You're listening to *DermConsult* on ReachMD. On this episode, we'll learn about the disparities facing pediatric patients with atopic dermatitis from Dr. Peter Lio. He's a Clinical Assistant Professor of Dermatology and Pediatrics at Northwestern University Feinberg School of Medicine and a dermatologist at Medical Dermatology Associates of Chicago. Here's Dr. Lio now.

### Dr. Lio:

First of all, we know that there is a tremendous number of unmet needs in atopic dermatitis, particularly in pediatric disease. There are lots of patients who continue to suffer. We also know that while it can affect anybody across demographic groups, there are some groups that actually have a disproportionate burden. For example, African American or Black patients tend to have a higher incidence of atopic dermatitis, and it seems like they may even have a higher severity of disease.

Right now, many primary care physicians and practitioners can manage atopic dermatitis and do so pretty well, but a lot aren't comfortable doing it. Many times they will try to refer to dermatology, but when I visit different parts of the country, clinicians will tell me, "I had a patient with pretty severe atopic dermatitis, and we tried to refer, but the closest dermatologist was 30 minutes, an hour, 90 minutes away," and it may be even worse than that because, okay, patients can find a way around that, but they said it could be six months or a year before they could get in. Now, for an adult that's terrible, but could you imagine if you're a 2 year old or a 4 year old? I mean, a year is a huge portion of your life; it's an enormous amount of suffering for those patients. So that's one thing that's easy to measure, and I think there's no argument there. There's a lack of good dermatology access in lots of parts of the country, and this is definitely more of an issue in places that are underserved.

The other piece, as you can imagine, is things like the resources from the family. If your family is stretched and maybe the parent or parents are working a lot more, they are stretched; they might not have time; they might not have energy; they might not have the resources to get the things that people might need to do, such as the bedtime routine with the bathing and the moisturization or to get the fancier medications that maybe have a higher copay or require a little bit more work to push against the insurance company. I will often enlist my patients; I'll say, "Please call the insurance company. Write a letter as well. That can help us if we're having trouble getting a medication covered." But if you're already stretched thin and you don't have that ability, then this could take away from your potential for getting care.

And then, finally, there's a lot of over-the-counter things that we recommend. And maybe they're not super expensive—and I try to be very cost-conscious—but 'super expensive' is a very relative term, so if the moisturizer I'm recommending is "only" \$30.00 per month, that can be a lot for somebody who's trying to make ends meet. That's suddenly a new expense that comes out of nowhere. Maybe the moisturizer they were using before was just a couple of dollars, or somebody was letting them they use theirs, and now I'm saying, "I'd like you to try this specific one." All those pieces mean that things are stacked against them. These are smaller things potentially and, of course, some larger things, but when they all converge together, the deck is stacked against these patients, and that makes everything that much harder.

I think we have to make sure we're being cost-conscious when we can. I think we do need to continue to advocate for our patients. I think we also have to make sure we have a really good line of communication. And I know mine is far from perfect, but I really do try to make a point of saying, "How is it going? what can I help you with? what are the pain points? what are the sticking points? is this possible, do you think?" But really being open with the patients and talking to them and saying, "Is this working for you? what isn't working for you?" is really key and then fine-tuning it. I always tell patients, "Listen, this is my thinking now, but tell me what you think

and how this feels, and if it doesn't fit, we'll find something else. We'll keep working until we find something that fits for you.”

**Announcer:**

That was Dr. Peter Lio talking about disparities in pediatric atopic dermatitis care. To access this and other episodes in our series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!