

Transcript Details

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Recognizing & Addressing the Burden of Vitiligo

Announcer:

Welcome to *DermConsult* on ReachMD. On this episode, sponsored by Incyte, we'll examine the psychosocial burden of vitiligo with Dr. Raj Chovatiya who is an Assistant Professor of Dermatology and Director for the Center of Eczema and Itch at the Northwestern University Feinberg School of Medicine. Here's Dr. Chovatiya now.

Dr. Chovatiya:

When it comes to a chronic inflammatory and autoimmune condition like vitiligo, we oftentimes spend a lot of discussion talking about skin signs, presentation, and treatment. But I think that the discussion of vitiligo really has to take a step back and start with the psychosocial burden that we think about the disease, especially one that we know that can affect really cosmetically sensitive areas like the face or the hands. And I think if anything, one of the defining characteristics of vitiligo is the fact that it can be psychologically devastating for patients that have it and really present a major quality life burden to day-to-day life.

And the story of vitiligo and its burden really starts thousands of years ago, and when you trace vitiligo and its presentation and discussion throughout history, some of those earliest discussions start in South Asian literature back in the days of the Indus Valley civilization. And one of the interesting concepts is that vitiligo has been conflated with communicable disease for a number of years, like leprosy and other things that can cause depigmentation or hypopigmentation. And this has presented a problem for a number of years that's led to just social ostracization of people with vitiligo, thinking it's some type of contagious or communicable condition. We know that in other cultures, historically, vitiligo has associations with social stigma, disqualifications from marriage, and it can even be grounds for divorce.

And a lot of really good studies over the past decade have underscored the fact that vitiligo is associated with mental health symptoms like anxiety and depression. It can be associated with low self-esteem, social isolation, lack of support systems, and even something like sexual dysfunction.

And given that vitiligo can present across all ages, when you think about children, the burden can be especially bad as vitiligo has been shown to be associated with missed days of school, limited physical activity, and even limitations in clothing; real quality of life issues that can carry with someone throughout their entire life.

So that naturally does lead it to this discussion about the fact that vitiligo is a true, significant condition. And one of the common misconceptions that really surrounds vitiligo that people hear about is that it's a cosmetic thing and that it's pretty insignificant. And just the psychosocial burden alone tells us that it really is a condition that matters and needs appropriate treatment.

And one of those other common misconceptions, and this is something that's perpetuated by healthcare providers is, 'eh, there's no treatment. It's just something you got to live with,' both of which are false. There are a number of treatments that can depend on the individual. And it's not something that someone just has to live with if that's not what they want.

Otherwise, when you look through cultures, sometimes people blame the patient themselves, saying that 'this is something you must have done; therefore, this is what's happened to you.' And we know that's not the way vitiligo works.

Another common misconception is that this is a condition that only affects those with darker skin, or if we're using race-based terms, those that are non-white. That's also not true as well. Vitiligo, in many ways, is equal opportunity. It can affect all sexes and genders, ages, races, and ethnicities.

So given that huge burden we just talked about, how can we help patients cope with the psychosocial impact of vitiligo? Well first and

foremost, as a healthcare provider, you do not want to say, 'there's nothing I can do.' That's false. There are a number of safe and effective treatments, whether they be topical therapies, photo or light-based therapies, and even oral-based therapies. There are safe and effective treatments out there. There's a lot of evolution in this space. And it's something we really have to talk about with our patients.

It's important from the healthcare provider perspective to really do a good job of recognizing disease subtypes, activity, how that relates to psychosocial impact, working on optimizing treatment, and treating early again, if that's what works for the patient. We know that some of those cosmetically sensitive areas that lead to a lot of impact, like the face and neck, actually respond very well to therapy. So it's another reason why we really want to be aggressive in treatment.

To really help patients cope and uniquely individualize their care, you want to make sure your approach is different and individual for the patient. And you want to really prioritize the mental aspect, right? Whether that be through cognitive behavioral therapy, psychology, psychiatry, and other types of counseling, these can be critical and really helpful for increasing just holistic health for our patients, beyond just what you can see on the skin.

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