



Willingness-to-pay of Patients with Chronic Skin Diseases in Korea: A Skin of Color's Perspective

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INTRODUCTION

- Chronic skin diseases have significant impacts on the quality of life (QoL) of the patients, although not life threatening.
- However, current QoL measurements often do not adequately reflect the actual disease burden of the affected people.
- Thus, willingness-to-pay (WTP) questionnaire was developed to assess disease burden economically.

MATERIALS AND METHODS

- We enrolled patients with seven chronic skin diseases including atopic dermatitis (AD), psoriasis, vitiligo, alopecia areata (AA), chronic urticaria (CU), rosacea, and seborrheic dermatitis (SD).
- QoL was evaluated using the Dermatology Life Quality Index (DLQI) questionnaire, and WTP was assessed from two aspects: monthly WTP for disease control and one-time WTP for disease cure.
- The body surface area (BSA) of involvement and monthly income of each patient were also collected.

RESULTS

- A total of 484 patients (220 males and 264 females; mean age: 41.6 years) were enrolled: 86 for AD, 58 for psoriasis, 93 for vitiligo, 47 for AA, 84 for CU, 58 for rosacea, and 55 for SD.
- The median DLQI score was highest in AD patients (13 for AD, 9.5 for psoriasis, 9 for CU, 8 for rosacea, 7 for vitiligo, and 5 for AA and SD).
- The median monthly WTP control was highest in vitiligo (\$134 for vitiligo, \$113 for psoriasis, and \$92.4 for AD and AA), and the median one-time WTP cure was also highest in vitiligo (\$1891 for vitiligo, \$941 for PSO and AD).
- DLQI scores showed a positive correlation with BSA in AD, psoriasis, and vitiligo, however, WTP did not show a positive correlation with BSA in vitiligo, unlike AD and psoriasis.

CONCLUSION

- We demonstrate that WTP was the highest in vitiligo, although it had a lower DLQI score than others.
- It may imply that DLQI is not a critical indicator of patient's treatment decision.

Figure 1. WTP of chronic skin diseases in Korea.

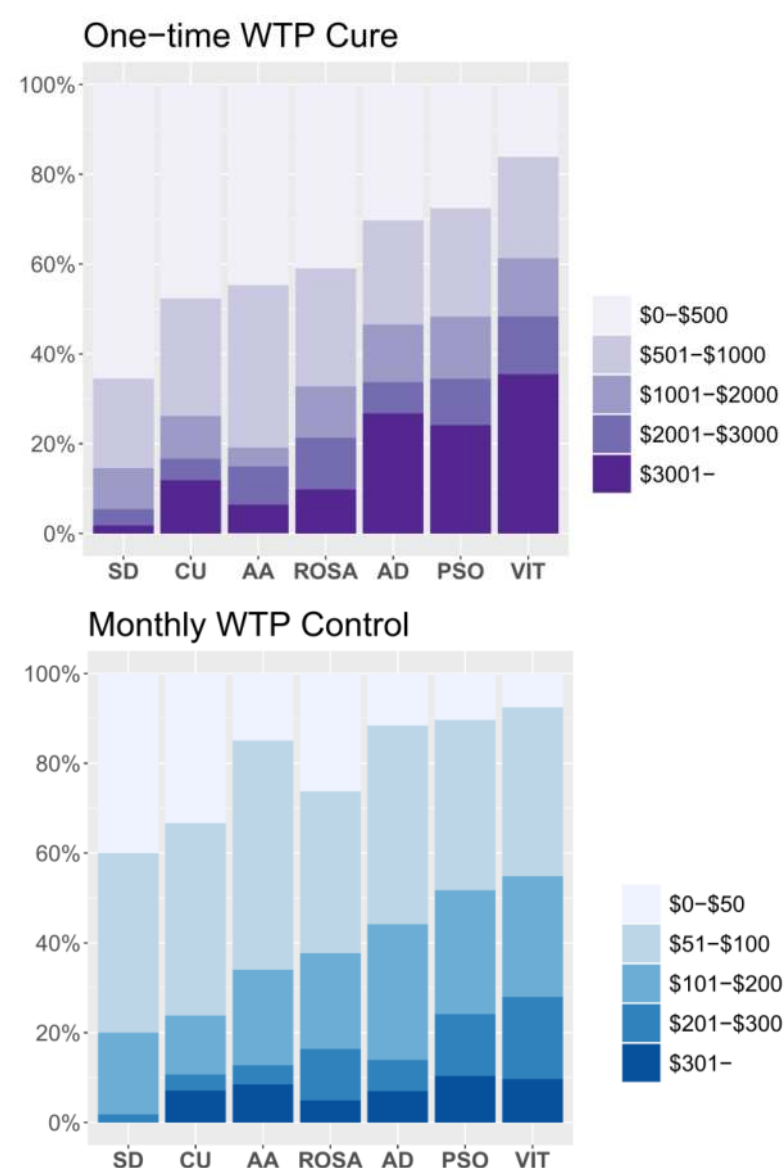
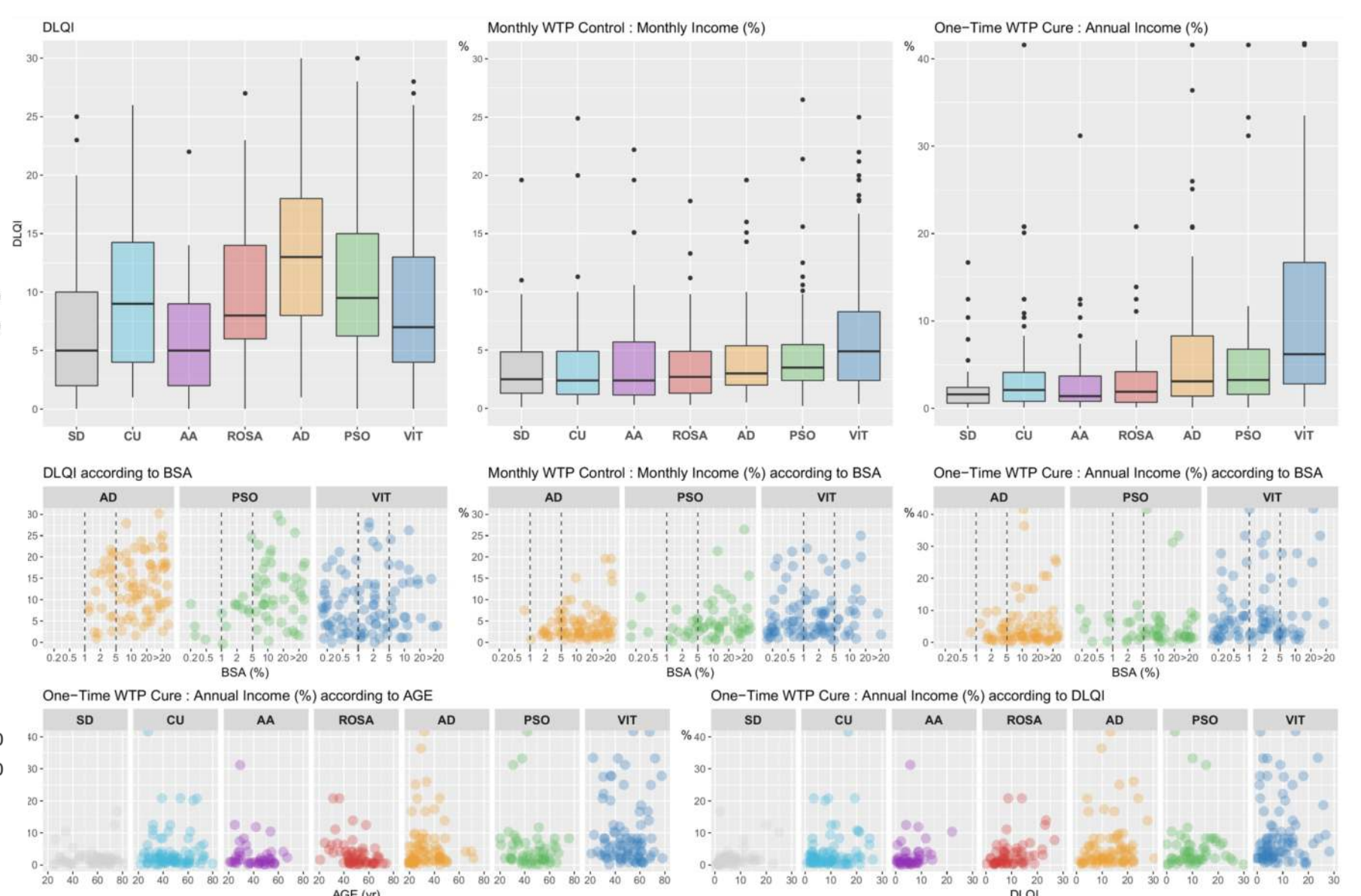


Figure 2. WTP of chronic skin disease according to body surface area (BSA, %), age (yr), and DLQI.



References

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