

LETTER TO THE EDITOR

Health literacy and topical corticosteroid adherence in parents of children with atopic dermatitis in France

Dear Editor,

Therapeutic nonadherence is frequent among the parents of children with atopic dermatitis (AD) treated with topical corticosteroids (TCs).¹ Therapeutic nonadherence is a multidimensional phenomenon involving the interaction of numerous factors, particularly health literacy (HL), that refers to the ability to access, understand, communicate, calculate and process specific information on medicinal products.² It is known that low HL can be associated with therapeutic nonadherence in chronic conditions.³ A recent study showed that low HL is associated with a higher risk of steroid phobia.⁴ However the description of HL among parents of AD children remains limited. Therefore, our study aims to evaluate the prevalence and sociodemographic factors associated with HL in the parents of AD children (Figure 1).

A cross-sectional study describing parents of AD children was conducted in France between March and April

2022. A dedicated questionnaire was used to identify parents of AD children from a representative sample of French adults, characterized using the quota method: age, sex, location and socio-professional status. In case of a prescription of topical steroid for the treatment of AD for their child, it was proposed to the parents, a description of their attitude regarding this topical therapy.

Three populations were identified: (1) steroid adherents (SAs) who reported following the TC prescription unquestioningly, (2) steroid sceptics (SS) who reported following the prescription after researching TCs, and (3) steroid phobes (SP) who reported rejecting the TC prescription due to fear of its effects. 35.5% ($n = 5343$) of our sample reported living with at least one child under the age of 18. Among them 25% ($n = 1335$) reported having a child affecting by AD and/or eczema (21.8% of men vs. 29.6% of women).

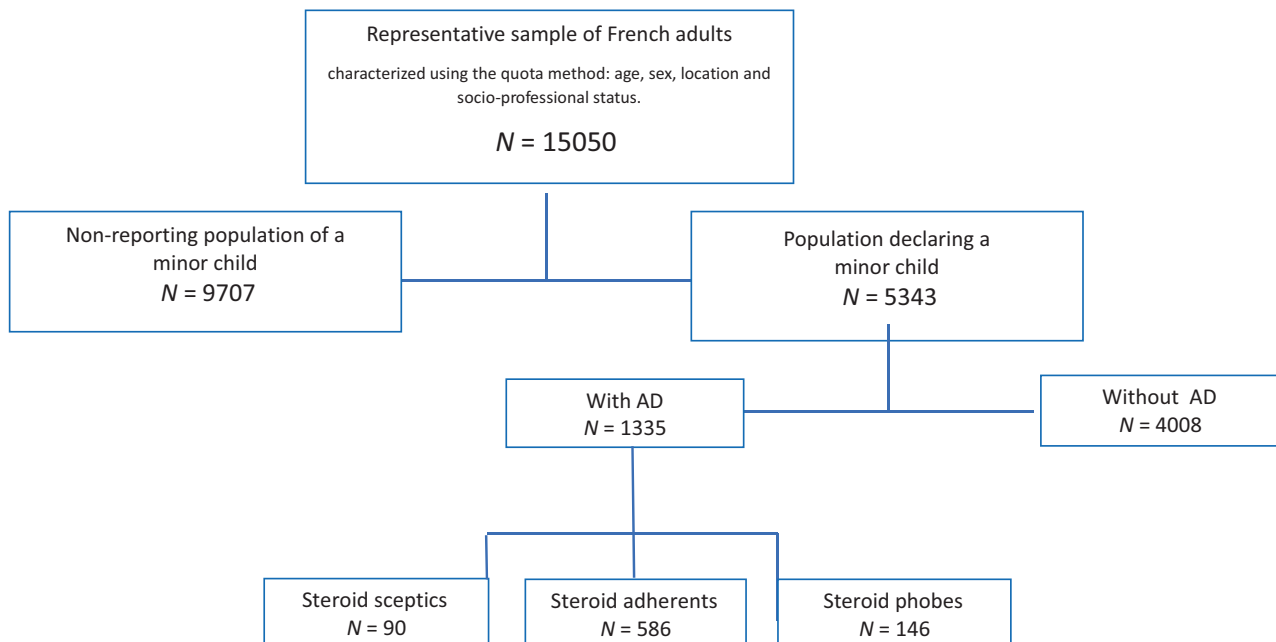


FIGURE 1 Flow chart of identified populations.

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61.5% ($n=822$) of these parents reported a prescription of topical steroid for the management of AD for their child. In total, a population of 822 parents of AD children who have received TC treatment was identified. The mean age of parents was $37.8 \text{ y.o} \pm 10.0$ years. In this age group, more than one in two people have completed higher education, which is consistent with our results⁵ with 334 (40.6%) fathers and 488 (59.4%) mothers respectively.

Within the population, 146 parents (17.8%) were identified as steroid phobes.

Six hundred and seventy-six parents (92.2%) demonstrated some HL: 90 (10.9%) were identified as SS and 586 (71.3%) as SAs. The sociodemographic profile of steroid sceptic parents was not significantly different from steroid adherent parents (Table 1). Compared to steroid sceptic parents, steroid phobe parents were significantly younger (38.37 vs. 34.43, p 0.005) and often live in urban areas (78.1% vs. 54.4%, p 0.012).

Compared to steroid adherent parents, steroid phobe parents were significantly more often men (54.1% vs. 38.4%, p 0.02), younger (34.43 vs. 38.58, $p < 0.001$), living in urban areas (78.1% vs. 61.3%, p 0.01) and with a recent history of dermatoses (37.7% vs. 28.8%, $p < 0.001$). To our knowledge, our study is the first to propose the evaluation of the prevalence of HL in a large population of parents of AD children.

Easy access to information [media, social network] on TCs and their side effects, may contribute to increasing fear and concern, heightening the risk of steroid phobia.

TABLE 1 Description of the population.

	Steroid sceptics n (%)	Steroid adherents n (%)	Steroid phobes n (%)
Gender			
Male	30 (33.3%)	225 (38.4%)	79 (54.1%)
Female	60 (66.7%)	361 (61.6%)	67 (45.9%)
Socio-professional category			
Working	80 (88.9%)	526 (89.8%)	135 (54.9%)
Not working	10 (11.1%)	60 (10.2%)	11 (45.1%)
Level of education			
Primary	1 (1.1%)	17 (2.9%)	3 (2.1%)
Secondary	36 (40.0%)	252 (43.0%)	55 (37.7%)
Higher education	53 (58.9%)	317 (54.1%)	88 (60.3%)
Location			
Urban	49 (54.4%)	359 (61.3%)	114 (78.1%)
Rural	41 (45.6%)	227 (38.7%)	32 (21.9%)
Marital status			
Lives alone	19 (21.1%)	105 (17.9%)	37 (25.3%)
In a relationship	70 (77.8%)	475 (81.1%)	103 (70.5%)
Widowed	1 (1.1%)	6 (1.0%)	6 (4.1%)
Skin history			
AD in the last 12 months	21 (23.3%)	169 (28.8%)	55 (37.7%)

Therefore, the role of healthcare professionals such as dermatologist and/or General practitioner appears crucial to provide clear and comprehensible information on the disease and how to use the topical therapies prescribed. Patients must also be encouraged, via their organizations, to ask questions and request clarifications in order to ensure that they fully understand their treatment plan. The appropriate use, by patients or their parents, of TCs in AD treatment requires good health knowledge. Patients need to know how to apply the product correctly and be aware of the potential side effects and how to manage them. It is understandable that insufficient or imperfect knowledge can lead to the misuse of TCs or to nonadherence, which can exacerbate AD.

Therapeutic education in AD⁶ as well as share decision⁷ the also has an essential role to play in the respect and knowledge of the treatments.

The correct use of information by patients who can select and filter accurate content can contribute to increasing not only therapeutic adherence but also the correct use of TCs, leading to good control of the AD. HL levels should be improved in parents of AD children so that they can better manage their health.

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CONFLICT OF INTEREST STATEMENT

J Clarke, C Ribeyre, and AL Demessant are employee of La Roche-Posay, France. C Taieb, J Seneschal, S Merhand and B Halioua are not conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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