Abstract N°: 4422

Prevalence and Risk Factors of Suicidal Ideation in Atopic Eczema: Insights from the Scars of Life Study

Julien Seneschal[1], Bruno Halioua[2], Jerry Tan[3], Chaoying Gu[4], Thomas Luger[5], Roni Dodiuk-Gad[6], Roberto Takaoka[7], Flavia Aslanian[8], Cita Rosita Sigit Prakoeswa[9], Anne-Laure Demessant-Flavigny[10], Caroline Lefloch[10], Nabil Kerrouche[10], Stéphanie Merhand[11], Wendy Smith Begolka[12], África Luca de Tena[13], SHULAMIT Burstein[14], Delphine Kerob*[10], Charles Taieb[15], Charbel Skayem[16], Abraham Getachew Kelbore[17], Laurent Misery[18], Therdpong Tempark[19], Alexander Stratigos[20], Martin Steinhoff[21], Jonathan I. Silverberg[22]

[1]Hôpital Saint-André, CHU de Bordeaux, Department of Dermatology, Bordeaux, France

[2]Société Française des Sciences Humaines de la Peau, [SFSHP],, Maison de la dermatologie, Paris, France

[3]Western University, London, Ontario, Canada; Windsor Clinical Research Inc.,, Department of Dermatology, Windsor, Ontario, Canada., Canada

[4]Shanghai Institute of Dermatology, National Clinical Research Center for Aging and Medicine, Huashan Hospital, Fudan University,, Department of Dermatology, Shanghai, China

[5]University Hospital Münster, Department of Dermatology, Münster., Germany

[6]Bruce Rappaport Faculty of Medicine, Technion Institute of Technology,, Department of Dermatology, Tel Aviv, Israel

[7]University of São Paulo Medical School Hospital,, Department of Dermatology, São Paulo, Brazil

[8]Nuffield Health Parkside Hospital, Department of Dermatology, London, United Kingdom

[9]Faculty of Medicine, Universitas Airlangga - Dr Soetomo General Academic Hospital,, Department of Dermatology, Surabaya, East Java,, Indonesia

[10]La Roche-Posay International, Scientific Communication, Levallois Perret, France

[11]Association Française de l'Eczema, Patients Experts, Redon, France

[12]National Eczema Association, Patients Experts, Novato, United States

[13]Asociación de Afectados por la Dermatitis Atópica, Patients Experts, Barcelona, Spain

[14]The Israeli Association for Atopic Dermatitis, Patients Experts, Tel Aviv, Israel

[15]European Market Maintenance Assessment, Patients Priority, Fontenay sous bois, France

[16]APHP - Hopital Ambroise Paré, Department of Dermatology, Boulogne Billancourt, France

[17]Research Directorate office, Saint Paulo's millennium medical college, Department of Dermatology, Addis Ababa, Ethiopia

[18]CHU de BREST, Department of Dermatology, Brest, France

[19]Faculty of Medicine at King Chulalongkorn Memorial Hospital at Chulalongkorn University in Bangkok, Department of Dermatology, Bangkok, Thailand

[20]University of Athens School of Medicine Andreas Sygros Hospital,, Department of Dermatology, Athens, Greece

[21]Hamad Medical Corporation, Department of Dermatology, Doha, Qatar

[22]The George Washington University School of Medicine and Health Sciences, Washington, District of Columbia., Department of Dermatology, Washington, District of Columbia., United States

Introduction & Objectives:

Atopic eczema (AE), a chronic inflammatory skin condition, is increasingly recognized for its detrimental effects on mental health, with multiple studies documenting a significantly elevated risk of suicidal ideation (SI) among affected individuals. While the association between AE and SI is established, data on specific risk factors—

particularly the role of disease onset age and chronicity—remain scarce. The “Scars of Life” study seeks to address this gap by evaluating the prevalence of SI and its associated risk factors in adults with physician-confirmed AE, exploring differences across onset age groups and comparing them to a control population without dermatological conditions.

Materials & Methods:

Conducted in 2024, the “Scars of Life” study surveyed 15,223 adults with AE and 7,968 controls without eczema (NOE) across 27 countries, employing quota sampling to ensure representativeness. AE patients were classified by onset age: adult-onset (EOA, n=7,383), adolescent-onset (ETA, n=4,965), and childhood-onset (ECA, n=2,875). Participants, all aged 18 or older, completed an online questionnaire capturing sociodemographic details, self-reported SI, itch and skin pain intensity (via Visual Analog Scale, VAS), AE severity (Patient-Oriented Eczema Measure, POEM), and skin-related stigmatization (PUSH-D tool). A case-control analysis assessed SI prevalence and risk factors, using chi-square tests and multivariate logistic regression.

Results:

Among 15,223 AE patients (8,726 men, 6,497 women; mean age 41.1 ± 14.1 years), SI was reported by 13.2%, compared to 8.5% of 7,968 controls (4,063 men, 3,905 women; mean age 43.7 ± 15.6 years) (RR=1.1, 95% CI: 1.01–1.2, $p<0.01$). AE subgroups showed no significant SI prevalence difference (EOA: 46.5%, ETA+ECA: 53.5%, OR=1.1, 95% CI: 1.0–1.2, $p=0.06$), but all had elevated SI odds versus controls: EOA (OR=1.56, 95% CI: 1.41–1.73, $p<0.0001$), ETA (OR=1.71, 95% CI: 1.53–1.91, $p<0.0001$), and ECA (OR=1.72, 95% CI: 1.50–1.96, $p<0.0001$). Comparing 2,010 SI cases to 13,213 non-SI cases revealed key predictors: younger age (38.15 vs. 41.6 years, $p<0.001$; <30 years: 31% vs. 21.93%, OR=1.6, 95% CI: 1.44–1.77, $p<0.001$), male sex (60.25% vs. 56.88%, OR=1.15, 95% CI: 1.04–1.26, $p=0.005$), and obesity (20.6% vs. 16.7%, OR=1.29, 95% CI: 1.15–1.45, $p<0.001$). Clinical factors included moderate-to-severe AE (OR=2.01, 95% CI: 1.82–2.21, $p<0.001$), pruritus (70.4% vs. 64.6%, OR=1.3, 95% CI: 1.18–1.44, $p<0.001$), skin pain (28.4% vs. 19.0%, OR=1.7, 95% CI: 1.52–1.89, $p<0.001$), and high symptom intensity (VAS ≥7, e.g., pruritus: 52.13% vs. 43.17%, OR=1.43, 95% CI: 1.31–1.57, $p<0.001$). Stigmatization scores were higher in the SI group (26.01 ± 18.57 vs. 17.12 ± 17.46, $p<0.001$). Sleep disorders were prevalent (86.97% vs. 76.01%, OR=2.11, 95% CI: 1.84–2.41, $p<0.001$), with mixed insomnia (sleep-onset and maintenance) notably linked to SI (59.75% vs. 45.5%, OR=1.78, 95% CI: 1.62–1.96, $p<0.001$).

Conclusion:

This study underscores AE as a robust risk factor for SI, irrespective of onset age, with severity, pruritus, sleep disturbances, and stigma as key drivers. Our results advocate for routine mental health screening in AE management and targeted interventions to address stigma and sleep issues, urging further exploration of underlying pathways.