

Vitiligo: Aggravating factors experienced by patients in a global study : ALL Project.



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RATIONAL & OBJECTIVES

Vitiligo, a chronic inflammatory skin disease characterized by the loss of pigmentation, impacts millions of individuals globally.

This study aims to investigate regional differences in vitiligo prevalence, examining disparities between continents and the effects of environmental factors and living conditions on the course of the disease.

METHODOLOGY

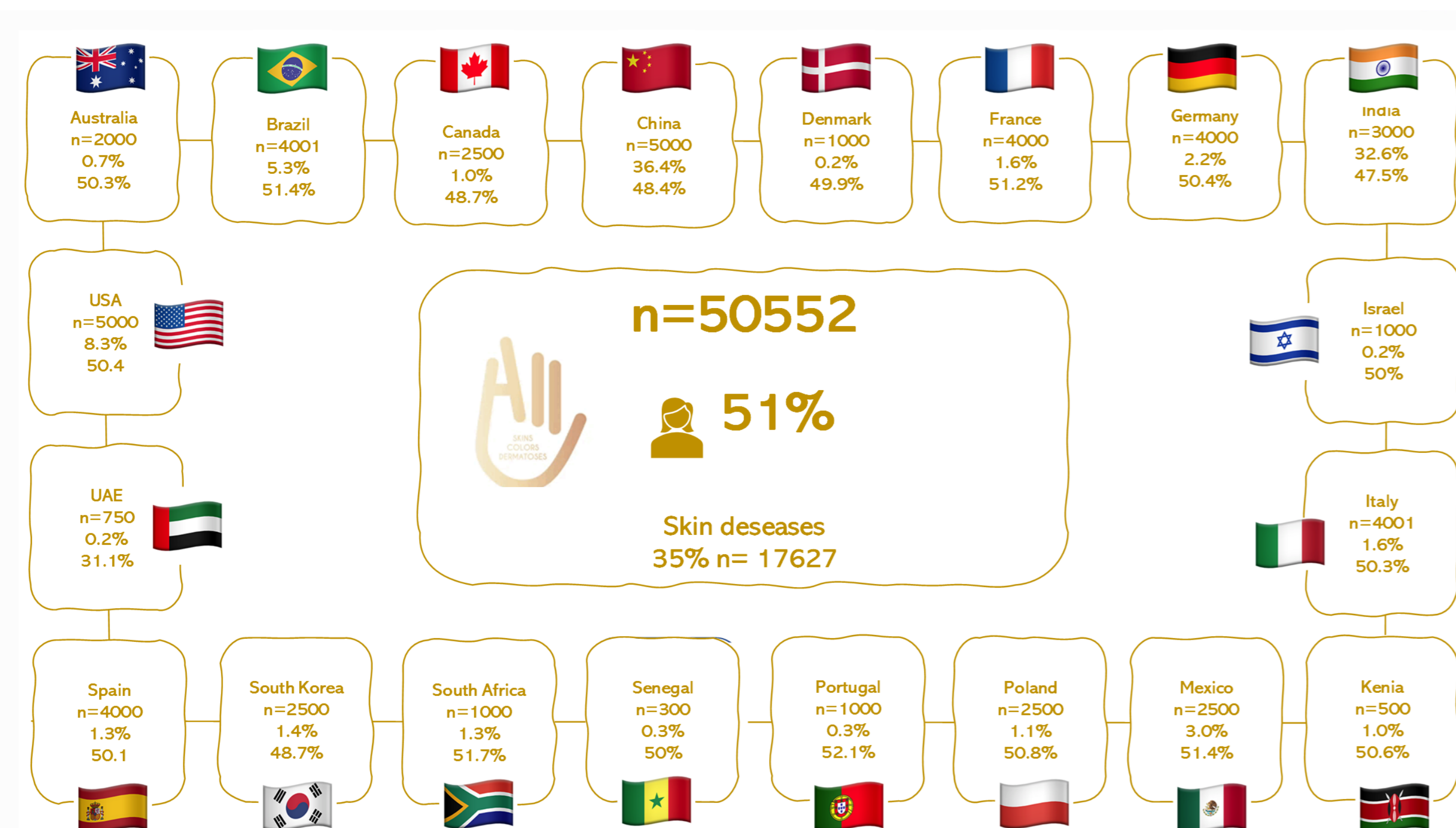
The ALL PROJECT is a large-scale study of individuals representative of the adult population in 20 countries on five continents: Europe [France, Italy, Germany, Poland, Portugal, Spain, Denmark; n=17500], Latin America[LA] [Brazil, Mexico; n=6501], Asia [China, India, South Korea; n=10500], North America [NA] [Canada, USA; n= 7500]; Middle East [ME] [Israel, United Arab Emirates; n=2750], Australia [Australia; n=2000] and Africa [Kenya, South Africa, Senegal; n=1800].

In each of the 20 countries surveyed, representative and extrapolable samples of the general population aged 16 and over were interviewed.

This methodology ensures that the results of the study can be generalized to the entire population of each country included in the project, thus providing a global and diversified perspective of the subjects studied.

Patients reporting only vitiligo as confirmed by a healthcare professional, were identified to avoid attributing effects to another skin condition.

The results were compared using chi-squared or Fisher's exact test. The alpha risk was set at 5% and two tailed tests were used. Statistical analysis was performed using EasyMedStat (version 3.34; www.easymedstat.com).



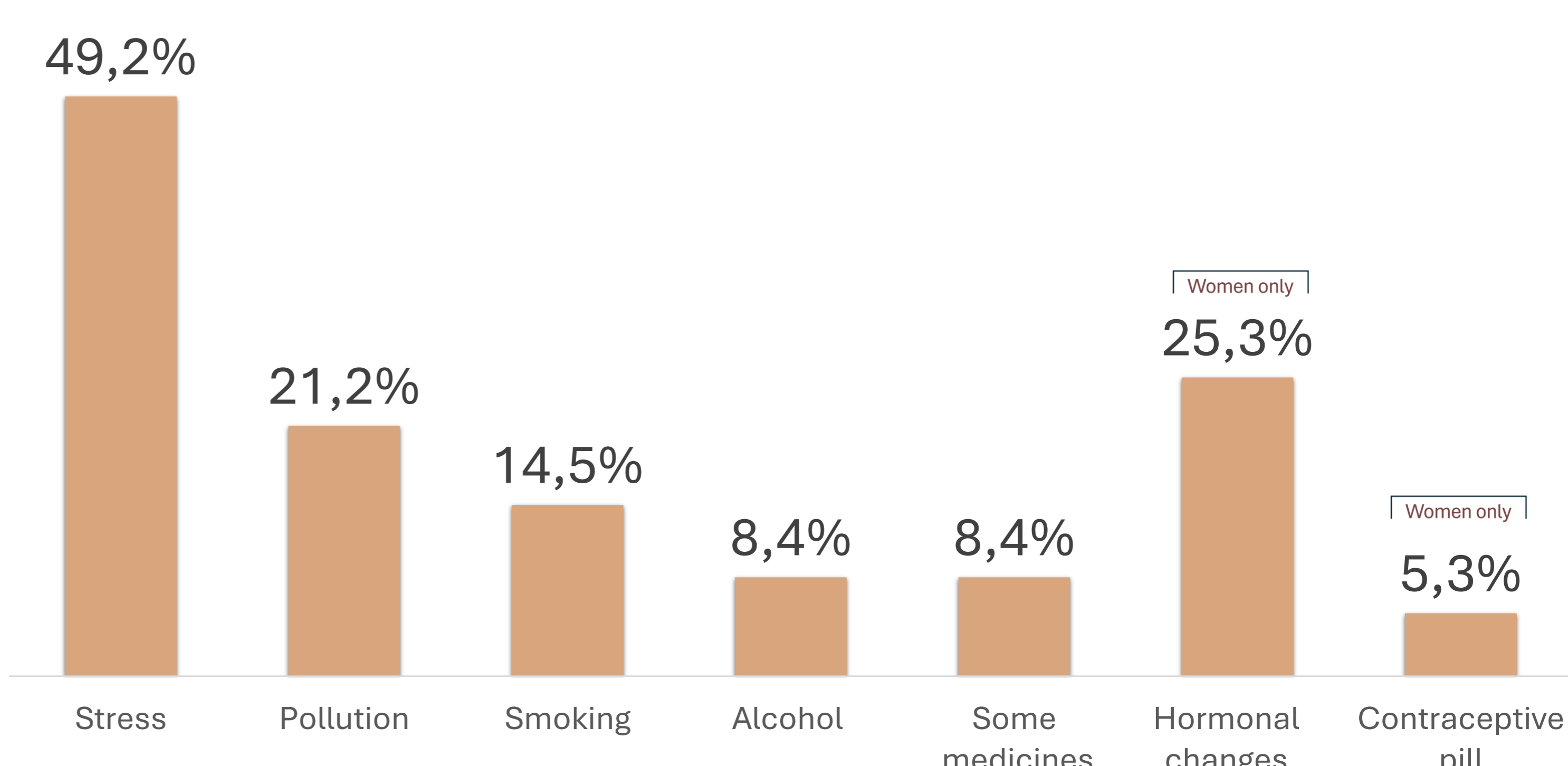
RESULTS

The prevalence in Europe is 1.3% [0.76% to 1.21%]. In Asia, the Middle East and Africa, the prevalence is 2.5% [2.24% to 2.84%], 3.2% [2.38% to 4.02%] and 1.7% [1.08 to 2.26], respectively. Prevalence rates for men and women differ by region.

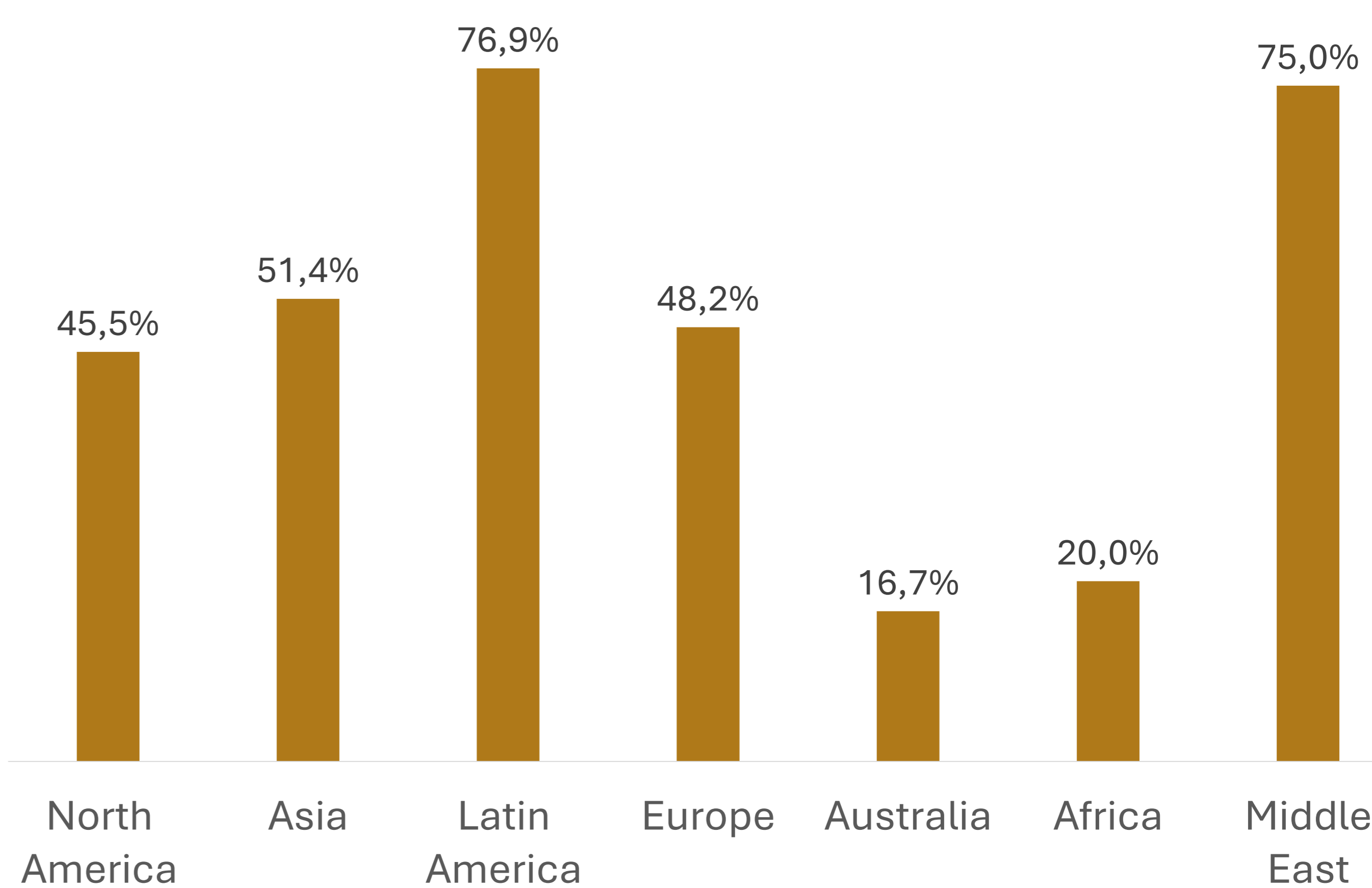
Prevalence rates for men are higher than for women in Europe (1.6% vs 1.0%), North America (1.4% vs 0.6%) and Africa (1.8% vs 1.5%). In Asia, the gender difference is reversed, with a prevalence rate of 2.9% for women compared with 2.2% for men. The situation is similar in Latin America [1.0% for women vs 0.8% for men].

Regardless of the continent, stress was identified as the main factor contributing to the exacerbation of the disease, with 49.2% of respondents citing it as a significant factor.

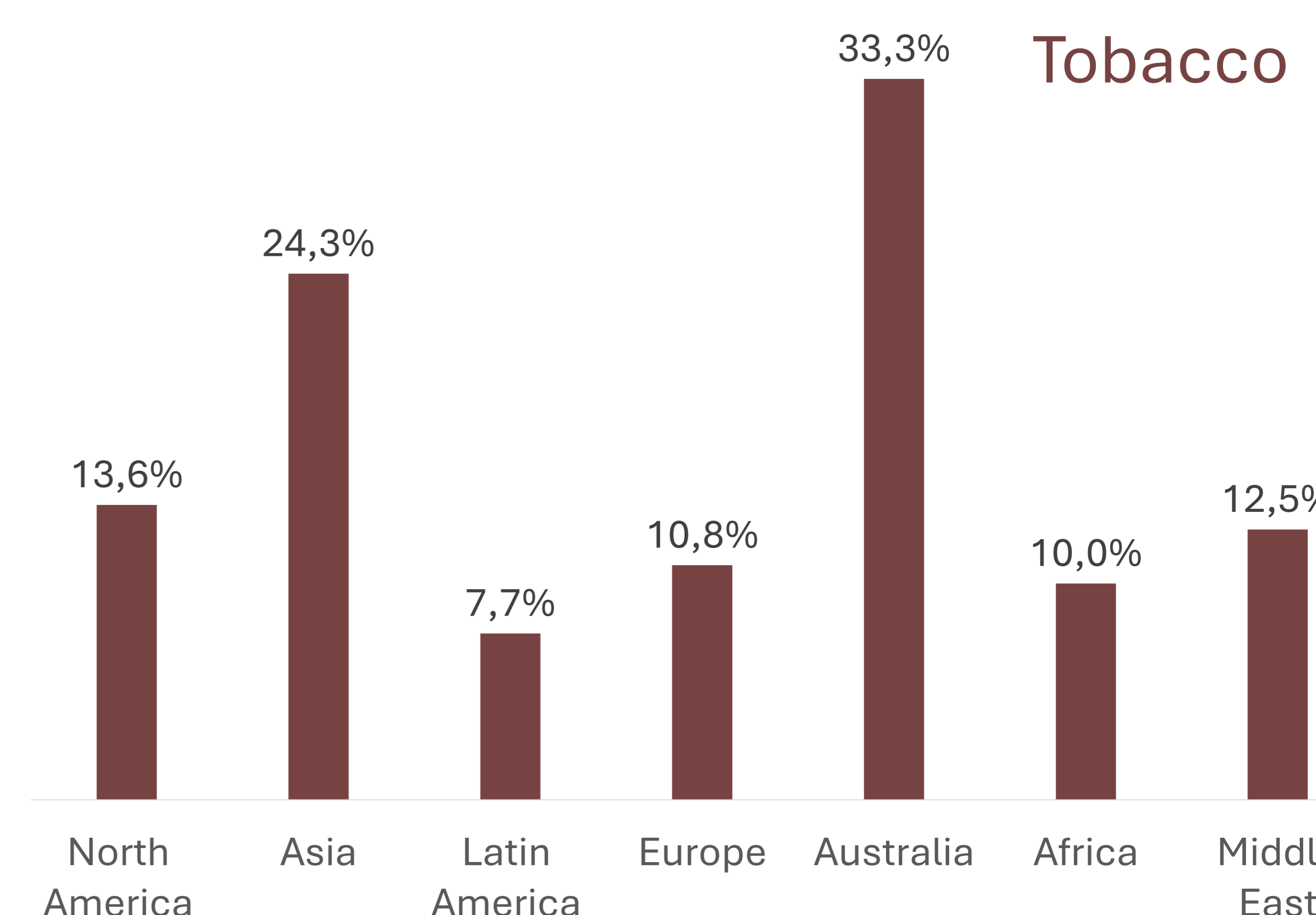
Pollution was identified as the second most important factor, with 21.2% of respondents indicating this. The proportions of patients identifying these factors as significant were as follows: 37.8% in Asia and 19.3% in Europe. It is also noteworthy that one in three women (25.3%) identified hormonal changes as a factor in exacerbation. In addition, the use of certain products on the skin was cited as an aggravating factor by 15.1% of respondents, with significant differences between regions: 21.6% in Asia and 16.9% in Europe. Only 8.4% reported that alcohol consumption aggravated their vitiligo



The Stress



Tobacco



DISCUSSION

The findings reveal fluctuating prevalence rates of vitiligo across regions, with heightened occurrences noted in Asia and the Middle East as opposed to Europe and the Americas. These differences could stem from variations in genetic predispositions, environmental conditions, or disparities in healthcare access and utilization.

The recognition of stress and pollution as primary exacerbating factors underscores the necessity for a comprehensive approach to address these conditions, incorporating stress management strategies and environmental quality enhancement initiatives to mitigate their impact on patients.