

**Summary of the Position Statement
of the EADV Task Force on Quality of Life and Patient Oriented Outcomes on
quality of life issues in dermatologic patients during the COVID-19 pandemic.**

COVID-19 patients with skin involvement should be reassured that their lesions are not by themselves life-threatening and that they usually have no serious consequences. However, antihistamines, corticosteroids, emollients and other medicines may be prescribed, based on the clinical presentation and symptoms. Given the various multi-drug regimens administered to COVID-19 patients, and the frequent comorbidities which also require specific treatment, adverse skin drug reactions should always be considered and treated in accordance with standard recommendations.

Patients with skin diseases infected by COVID-19

All published recommendations reach a common conclusion that there is a lack of practical experience; that it is important to assess the risk/benefit ratio before any decision to pause biologics and immunosuppressants; and that it is important to adhere to the advice from local health authorities in each country. However, there is an optimistic report that all patients with psoriasis on biologic therapies who were hospitalized because of COVID-19 infection survived and recovered from infection.²

Patients with skin disease at a risk of COVID-19 infection

A number of skin diseases may be exacerbated by stress, by toxic substances and allergens found in disinfectants and cleansers and to a lesser degree by the use of protective masks. These items may increase pruritus in this group of patients. Significant correlation of occupational contact dermatitis and hand eczema severity with QoL was previously reported.^{3,4} Therefore, preventive and treatment measures are very important for QoL improvement. The absence of the possibility to consult a dermatologist in the usual face-to-face fashion and receive treatment recommendations has the potential to cause decrease of HRQoL, though as yet there is no data on this. Teledermatology and phone consultations should be widely used and temporarily replace normal consultations, except of course for emergency cases, during the pandemic.

Healthcare professionals with skin lesions induced by COVID-19 prevention measures

A very high prevalence of contact dermatitis because of disinfectants and individual protective equipment use has been reported among healthcare professionals working with COVID-19 infected patients. The EADV TF on QoL and PO highlights the importance of prevention programmes for healthcare professionals working with COVID-19 patients. This is an urgent task. Both internet and face to face options can be used to communicate and deliver prevention programmes, based on local situations.

General population – The outbreak of contact dermatitis caused by hand washing and by wearing of protective equipment is expected not only among healthcare professionals but also in the general population, because of the extensive use of disinfectants and protective masks. The recommendations of the EADV TF on Contact Dermatitis⁵ will be also helpful for this group. Educational information may be spread using mass media, social media and text messages. It should be placed on the web sites of related professional and patient organizations.

QoL of family members and partners of: COVID-19 patients with skin involvement, patients with skin disease at a risk of COVID-19 infection and healthcare professionals with skin lesions induced by COVID-19 prevention measures –Parents of children with skin diseases at a risk of COVID-19 should receive information on effective preventive measures and access to online or phone consultations if needed. Family members of adults may also benefit from mutual activities (i.e. changes of behavior, religious/spiritual well-being, music, diet, etc.) and, of course, from good and supportive relations inside the family.

Social support, as experienced from relationships with partners, family members and friends, has an important impact on QoL. Interference with these relationships by quarantine or self-isolation may be partially solved by using modern technologies (e.g. socialising online using videoconferencing software), but loneliness might be one of the major psychosocial effects of the COVID pandemic.

References:

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Publication date: December 2020