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Video visits for isotretinoin patients are perceived as safe, effective, and convenient

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To the Editor:

Telemedicine facilitates long-distance physician and patient interaction, care, advice, reminders, education, intervention, monitoring, and remote admissions. It has been shown to increase access to specialized dermatologic care for rural and underserved populations [1-4]. Reviews specifically focused on teledermatology report that overall, patients are satisfied with teledermatology [5].

The objective of our study was to evaluate patients' perspectives of teledermatology for their isotretinoin visits. The COVID-19 pandemic forced patients to begin using telehealth, giving us an opportunity to gather feedback from patients being seen through video visits. This information gives insight into how patients perceive teledermatology and helps inform what changes need to be implemented to improve their experiences. It also allows us to assess whether teledermatology is an appropriate and sustainable model of care for this patient population even after coronavirus-related restrictions are eased.

A 20-question electronic survey was sent to patients who used telemedicine for their treatment with isotretinoin for acne under the care of a group of academic-based dermatologists. To meet inclusion criteria, patients must be over the age of 13 and have had at least one of their isotretinoin visits performed via teledermatology. The survey evaluated the

patients' perspectives regarding teledermatology for their isotretinoin visits by including questions that assessed access, reliability, helpfulness, safety, usability, personal preferences, and motivations for using teledermatology (**Table 1**). After an in-person and video examination, patients rated the encounter using a 20-item survey scored on a 5-point Likert scale (**Box 1**).

This is the first survey to document the opinions and experiences of patients using teledermatology specifically for isotretinoin treatment of acne during the COVID-19 pandemic. A similar study in Italy showed remote monitoring was effective in preventing unnecessary worsening of various severe chronic skin diseases during the pandemic [6]. However, this included only 10 patients on oral isotretinoin without surveying their perspectives or beliefs.

Our participants (N=46) consisted mostly of females (71.7%) with a mean age of 27 (range 14-57). Many patients (80.4%) stated that they initially began video visits owing to the pandemic and most (78.9%) stated they would participate in video visits again under normal circumstances. Additionally, convenience was the primary listed reason (87.0%) patients opted for video visits over in-person visits. In our study population, 65.2% of patients believe that video visits made it easier to conduct the regular monthly visits. Most patients (69.6%) believed their dermatologists were appropriately able to identify any side effects. Even without in-person appointments, many patients (82.6%) were able to

Box 1. Survey questionnaire that evaluated patients’ perspectives regarding tele dermatology for their isotretinoin visits by including questions that assessed access, reliability, helpfulness, safety, usability, personal preferences, and motivations.

- 1) Do you own a smartphone, tablet, or a computer with a web camera to use for medical video visits? Yes—I own a smartphone, tablet, and/or compute No—but I have access to a device Other
- 2) What is your comfort level with video communication (such as FaceTime, Skype, Zoom, etc.)? Not comfortable Less comfortable Neutral More comfortable Very comfortable
- 3) How important was convenience (or minimizing disruptions to your daily schedule) in choosing video visits over in-person appointments? Not important Less important Neutral More important Very important
- 4) How disruptive were video visits to your work, school, or other essential daily activities as compared to prior in-person visits? Not disruptive Less disruptive Neutral More disruptive Very disruptive
- 5) How important were the inconveniences of travel (cost, travel time, etc.) in choosing video visits? Not important Less important Neutral More important Very important
- 6) Did video visits make it easier for you to care for any dependents (children, parents, others in your care)? I do not care for any dependents Yes—I was able to more easily care for my dependent(s) No—it was still challenging to care for my dependent(s)
- 7) How helpful were video visits in allowing you to meet more regularly with your doctor (as opposed to prior in-person appointments)? Not helpful Less helpful Neutral More helpful Very helpful
- 8) How confident are you that your doctor could appropriately evaluate you during the video visit for potential medication side effects (dryness, muscle aches, etc.)? Not confident Less confident Neutral More confident Very confident
- 9) Were you able to have your isotretinoin (Accutane) laboratory tests performed without difficulty? Yes No
- 10) Did you feel that your safety was maintained during the video visit? Yes No
- 11) How successful did you feel the video visits went? Not successful Less successful Neutral More successful Very successful
- 12) Was the novel coronavirus (COVID-19) pandemic the main reason you started using video visits? Yes No
- 13) How likely are you to use video visits again after the novel coronavirus (COVID-19) pandemic passes? Not likely Less likely Neutral More likely Very likely
- 14) For isotretinoin (Accutane) follow-ups, do you prefer video visits over in-person visits? Yes No Unsure
- 15) In general, how likely are you to use video visits again if you had to see a dermatologist? Not likely Less likely Neutral More likely Very likely
- 16) What is your age? _____
- 17) What is your gender? Male Female Other
- 18) What are the reason(s) you liked using video visits? _____
- 19) Are there any other reason(s) you disliked video visits? _____
- 20) Do you have any suggestions for improvement? _____

have their laboratory tests drawn without difficulty. The majority (71.8%) responded that they would

select video visits if they were to see a dermatologist in the future.

For isotretinoin-related video visits, 65.2% of patients prefer video visits over in-person visits. Of the remaining patients, 21.7% were unsure and 13.0% did not prefer video visits over in-person visits. A concern of 21.7% of patients was being unsure if dermatologists could view their skin well enough to monitor for improvement. It should be noted that no self-reported adverse events occurred amongst any patients.

Limitations of our study include the number of patients enrolled and their demographics. Although 110 patients were asked to complete the surveys, 46 patients responded and most were young females. Nonetheless, our study’s results confirm our a priori beliefs about the convenience and safety of tele dermatology for this application. Despite its limitations, our study supports that, with regard to severe acne and isotretinoin usage, most patients view telemedicine as a preferable option for patient visits. This convenience did not compromise the perception of safety and physician stewardship for isotretinoin-related telemedicine visits during the COVID-19 pandemic.

Table 1. Percent of affirmative responses for survey questions.

Survey questions	Frequency reported, %
Comfortable with smartphones	84.8
Felt convenience was important	69.6
Enabled to meet regularly with physician	65.2
Confidence in physician's exam	69.6
Felt visits were successful	91.3
Felt that safety was maintained	97.8
Initiated video visits due to COVID-19	80.4
Likely to use video visits after pandemic	73.9
Preferred video visits over in-person visits	65.2
Likely to use video visits for general dermatology visits	71.8

Potential conflicts of interest

The authors declare no conflicts of interest.

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