

Table II. Multivariate-adjusted associations between patient characteristics and informational needs at the time of melanoma diagnosis

Characteristics	Received conflicting information		Left without getting important questions answered		Experienced stress and anxiety waiting for test results	
	% Yes	OR (95% CI)*	% Yes	OR (95% CI)*	% Yes	OR (95% CI)*
Age, y						
≤39	16.5	2.43 (1.16-5.11) [†]	9.1	2.97 (1.10-8.04) [†]	82.6	1.97 (1.11-3.49) [†]
40-49	8.7	1.08 (0.51-2.27)	5.3	1.51 (0.56-4.03)	73.6	1.35 (0.87-2.10)
50-59	7.6	1.00	3.9	1.00	66.4	1.00
Sex						
Female	11.6	1.60 (0.80-3.18)	6.4	1.51 (0.63-3.66)	78.3	2.10 (1.40-3.15) [†]
Male	7.1	1.00	4.2	1.00	63.3	1.00
Education						
High school graduate	10.1	1.24 (0.47-3.26)	7.7	2.24 (0.68-7.39)	64.8	0.67 (0.36-1.24)
Some college	12.1	1.37 (0.70-2.71)	7.0	1.71 (0.69-4.22)	71.6	0.80 (0.51-1.25)
College or university graduate	8.0	1.00	3.9	1.00	75.0	1.00
Annual household income, \$						
≤60,000	15.1	1.72 (0.89-3.30)	7.3	1.15 (0.48-2.71)	75.3	1.24 (0.77-2.00)
>60,000	8.1	1.00	5.0	1.00	72.0	1.00
Provider specialty						
Dermatology	9.1	1.00	1.3	1.00	76.5	1.00
Family medicine	9.6	1.05 (0.52-2.11)	7.7	8.56 (1.91-38.34) [†]	67.8	0.61 (0.39-0.96) [†]
Other	14.5	1.67 (0.69-4.00)	6.9	8.86 (1.65-47.59) [†]	72.2	0.84 (0.45-1.59)
Unknown	7.6	0.84 (0.27-2.65)	13.7	19.91 (3.92-101.19) [†]	72.6	0.80 (0.39-1.66)

CI, Confidence interval; OR, odds ratio.

*Adjusted for patient age, sex, education, income, and provider specialty.

[†]P value <.05.

preparation, review, or approval of the manuscript; or decision to submit the manuscript for publication.

Reprints not available from the authors.

Correspondence to: Rachel I. Vogel, PhD, University of Minnesota, 420 Delaware St SE, MMC 395, Minneapolis, MN 55445

E-mail: isak0023@umn.edu

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<https://doi.org/10.1016/j.jaad.2019.04.014>

Comparison of patient-reported disease severity and sweat measurements in primary focal hyperhidrosis



To the Editor: Primary focal hyperhidrosis affects 15.3 million people in the United States and is associated with lower quality of life.^{1,2} Although hyperhidrosis remains a clinical diagnosis, many have sought an objective test to aid in diagnosis and disease management.³ One method is gravimetric sweat measurements (GSMs). Gravimetry is done by collecting sweat on absorbent material and taking the difference between pre- and postcollection weights. Little is known about how patient characteristics affect GSM or how subjective measurements of disease severity correlate with GSM.

Untreated patients with axillary, palmar, or plantar hyperhidrosis diagnoses were identified. Demographics, Hyperhidrosis Disease Severity Scale (HDSS) score, and GSM were recorded. The HDSS asks patients how severe and bothersome sweating has been over the past week on a 1-4 scale. Mild, moderate, and severe disease was defined as an HDSS score of 1 or 2, 3, and 4, respectively. We completed a statistical analysis for right and left site

Table I. Comparisons of patient characteristics and GSM

Category	Axillary		Palmar		Plantar	
	Mean GSM, mg/5 min	P value	Mean GSM, mg/5 min	P value	Mean GSM, mg/5 min	P value
Sex						
Male	218	<.001	356	.70	352	.97
Female	112		338		354	
Race						
White	153	.68	346	.19	351	.46
Black	137		221		255	
Family history of HH						
Positive	157	.60	343	.90	353	.78
Negative	135		351		363	
Correlation coefficient						
Age	-.01	.85	.07	.36	.08	.34
BMI	.17	<.01	-.11	.14	-.03	.65
Age of onset of HH	.01	.79	-.18	.02	-.17	.04

BMI, Body mass index; GSM, gravimetric sweat measurements; HH, hyperhidrosis.

Gravimetric Measurements vs Disease Severity

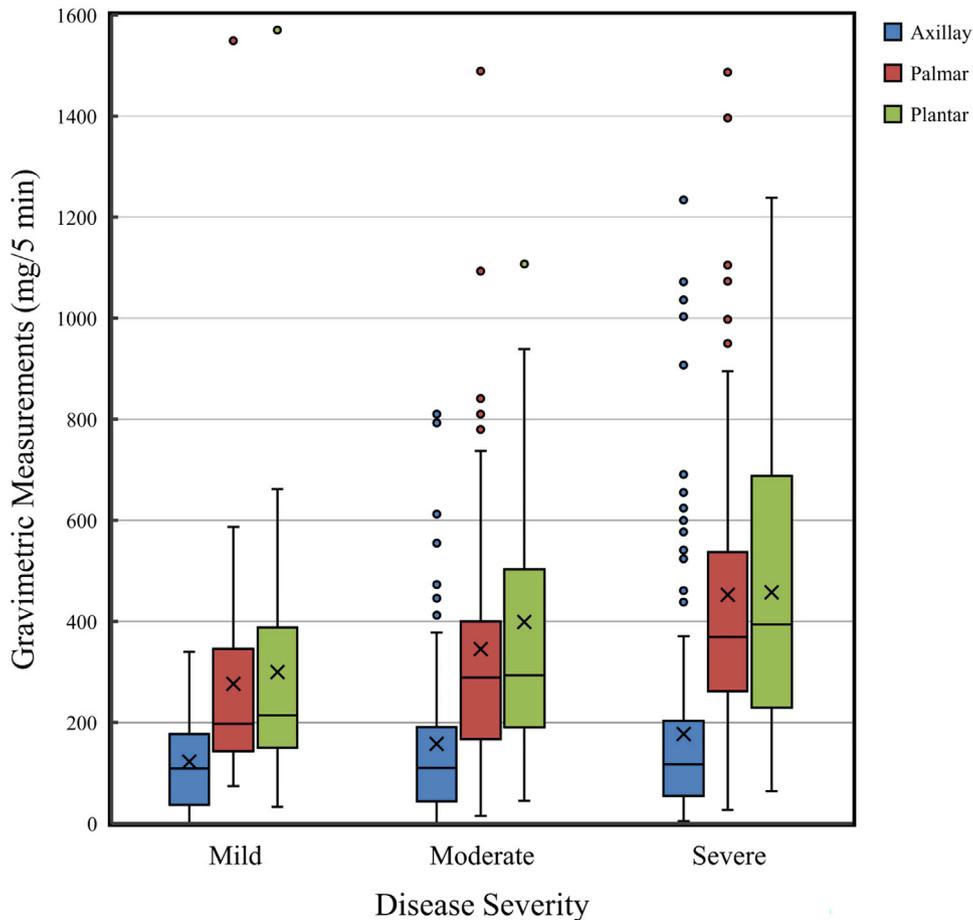


Fig 1. Gravimetric measurements, by site and disease severity. The ends of the box represent the upper and lower quartiles. The horizontal mark in the box represents the median. The X represents the mean. The dots correspond to outliers defined as >1.5 times the interquartile range.

measurements independently and used the larger *P* values to assist with conclusions. Because patients' interpretations of disease severity is likely

determined by the most severe sweating, we used the higher of the right and left site measurements for HDSS and GSM comparisons.

We included 336 patients. Our population was mostly white (95.1%) female patients (66.7%) with a young age of onset (mean 12.8 years) and positive family history (58.3%). Table I displays GSMs and patient characteristics. The sample sizes for the GSMs were 27 (mild), 84 (moderate), and 157 (severe) for axillary hyperhidrosis; 30 (mild), 53 (moderate), and 91 (severe) for palmar hyperhidrosis; and 35 (mild), 55 (moderate), and 55 (severe) for plantar hyperhidrosis. A difference in GSMs between different levels of disease severity was found (Fig 1). Statistically significant differences were observed between palmar and plantar GSMs. Patients with palmar hyperhidrosis had mean \pm standard deviation GSMs of 276 ± 265 mg/5 minutes (mild), 345 ± 274 mg/5 minutes (moderate), and 452 ± 313 mg/5 minutes (severe) ($P < .0001$). Patients with plantar hyperhidrosis had mean \pm standard deviation GSMs of 300 ± 276 mg/5 minutes (mild), 399 ± 471 mg/5 minutes (moderate), and 457 ± 324 mg/5 minutes (severe) ($P = .01$). Substantial overlap exists in the interquartile ranges across all body sites.

Overall, patient characteristics did not have a relationship with GSMs. Like previous reports, GSMs were highly variable across all sites.⁴ When stratified by disease severity, each group had large variances in GSMs. Although some positive trends between GSMs and HDSS scores were found, significant overlap of the interquartile ranges suggest a single low GSM is not necessarily indicative of less severe disease.

Discrepancies between subjective and objective measures of sweating have been reported but not with validated questionnaires.^{3,4} The discrepancy is likely because GSMs capture a 5-minute snapshot, which might fail to capture the full disease burden. Hyperhidrosis is a complex disease with numerous triggers affecting professional, social, and personal lives. Although objective and subjective measurements might play complementary roles, a single GSM should not invalidate the patient experience. This study is limited by a plausible selection bias, use of a single questionnaire, and the use of a single GSM.

Mitchell Gibbons, BA,^a Eric Armbrecht, PhD,^b
Jacob Dudzinski, BS,^a and Dee Anna Glaser,
MD^c

From the Saint Louis University School of Medicine,
St. Louis, Missouri^a; and Department of Internal
Medicine,^b and Department of Dermatology,^c
Saint Louis University, St. Louis, Missouri

Funding sources: None.

Conflicts of interest: Dr Glaser serves as an investi-
gator for Brickell, ATACAMA, Allergan, Dermira,

Galderma, Sienne, and Revance. She is a speaker for Galderma and serves on the Board of Directors for the American Society of Dermatologic Surgeons and International Hyperhidrosis Society. Mr Gibbons, Mr Armbrecht, and Mr Dudzinski have no conflicts of interest to disclose.

Previously presented as oral presentation at the American Academy of Dermatology Meeting, March 1, 2019, Washington D.C.

Reprint requests: Mitchell Gibbons, BA, Saint Louis University School of Medicine, 1755 S Grand Blvd, St. Louis, MO 63104

E-mail: mitchell.gibbons@health.slu.edu

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<https://doi.org/10.1016/j.jaad.2019.04.015>

Folie à famille: A systematic review of shared delusional infestation



To the Editor: Delusional infestation (DI) is encountered by almost all dermatologists during their careers but is very difficult to manage in the dermatology clinic. Patients presenting with DI require significant time and effort, but it is not

Table I. Overall characteristics of identified patients with of delusional infestation in multiple related patients

Characteristic	Patients
Primary patient identified, No. (%)	18 (100)
Female, No. (%)	11 (61)
Age, average (range), y	54.4 (19-87)
Married, No. (%)	10 (56)
Secondary patient identified, No. (%)	32 (100)
Female, No. (%)	19 (59)
Age, average (range), y	37.0 (1.5-81)
Relationship to inducer	
Child, No. (%)	12 (41)
Spouse, No. (%)	9 (31)