

average EuroSCAR score for patients with a final diagnosis of AGEP was 6.69, 1.46 for low-risk morbilliform, 0.18 for drug rash with eosinophilia and systemic symptoms, and -3.81 for Stevens-Johnson syndrome/toxic epidermal necrolysis. The receiver operating characteristic curve for the EuroSCAR score yielded an area under the curve of 0.93 (95% CI, 0.91-0.97) with a sensitivity 0.81 and specificity 0.92 (Fig 1).

Of the 10 variables, univariable logistic regression revealed that 8 were significant ($P < .05$): pustules, erythema, distribution, no mucosal involvement, acute onset, resolution within 15 days, neutrophils >7000 , and histology (Table 1). Multivariable logistical regression confirmed 5 variables remained significant when controlling for other variables: pustules, histology, acute onset, erythema, and no mucosal involvement (Table 1).

While EuroSCAR is valid in diagnosing AGEP and differentiating it from other cutaneous manifestations, there is potential for improvement. A cross-sectional survey revealed that only 22% of The Society of Dermatology Hospitalists members use EuroSCAR as a diagnostic tool.² The original criteria include 10 variables, making it cumbersome. Additionally, some criteria, such as resolution time and postpustular desquamation, are unavailable at time of presentation, limiting its utility for early diagnosis.

This study has several limitations, including variability in dermatologist assessment, which may affect assigned grading. The model was developed using retrospective cohorts from a single institution, which may limit generalizability. Potential confounding factors, such as concomitant infections or the use of multiple medications, were not fully accounted for, and these could influence both the presentation and diagnostic scoring.

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Conflicts of interest

None disclosed.

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No association between acne treatment with retinoids and suicide attempts in adolescents: A case-control study



To the Editor: Acne is common among adolescents, and isotretinoin is a highly effective treatment for severe cases. Although concerns exist about isotretinoin increasing suicide risk, epidemiological evidence shows no higher risk among its users compared to their peers in the general population.¹ Current epidemiological evidence stems from 7 cohort studies, all of which included individuals with an average age of over 20 years.¹ This leaves the safety profile of isotretinoin among adolescents less explored. Intentional self-poisoning is the most frequently used method in suicide attempts.¹ This study aimed to investigate the potential association between acne treatment with isotretinoin or topical retinoids and the risk of suicide attempts via self-poisoning in adolescents.

The Danish Poison Information Center offers a 24-hour nationwide telephone advisory service on toxicology for health care professionals and the

Table I. Characteristics of the study population at index date

Characteristic	Controls (<i>n</i> = 21,090)	Cases (<i>n</i> = 2109)
Sex		
Female, <i>n</i>	17,500	1750
Male, <i>n</i>	3590	359
Year of age, mean (SD)	16.9 (1.9)	16.9 (1.9)
Year of birth, mean	1994	1994
Municipality type of residence		
Capital municipality, <i>n</i>	5300	530
Rural municipality, <i>n</i>	4740	474
Suburban municipality, <i>n</i>	3830	383
Provincial town municipality, <i>n</i>	4950	495
Metropolitan municipality, <i>n</i>	2270	227
A diagnosis of schizophrenia, <i>n</i>	39	102
A diagnosis of bipolar disorder, <i>n</i>	8	15
A diagnosis of depression disorder, <i>n</i>	318	426

Information on schizophrenia (ICD-10 code: F20), bipolar disorder (ICD-10 code: F31), and depression disorder (ICD-10 code: F32-33) diagnosed at a hospital were defined using the International Classification of Diseases, 10th Revision (ICD-10), based on data from the Danish Psychiatric Central Research Register.³

Table II. Use of acne treatment with retinoids before index date

Treatment prior to index	Controls, <i>n</i> (%)	Cases, <i>n</i> (%)	OR (95% CI), <i>P</i> value	Adjusted* OR (95% CI), <i>P</i> value
Topical treatment				
within 1 y prior				
Yes	958 (4.54%)	76 (3.60%)	0.79 (0.62-1.00), <i>P</i> = .046	0.77 (0.60-0.99), <i>P</i> = .039
Topical treatment ever use				
Yes	3772 (17.89%)	341 (16.17%)	0.88 (0.73-1.00), <i>P</i> = .047	0.85 (0.75-0.97), <i>P</i> = .017
Redeemed prescriptions				
topical therapy ever			0.88 (0.80-0.98), <i>P</i> = .016	0.87 (0.78-0.96), <i>P</i> = .008
(dose response)				
None	17,318 (82.11%)	1768 (83.83%)		
Total of 1-5	3092 (14.66%)	292 (13.85%)		
More than 5	680 (3.22%)	49 (2.32%)		
Systemic treatment within 1 y prior				
Yes	171 (0.81%)	11 (0.52%)	0.64 (0.35-1.18), <i>P</i> = .15	0.55 (0.28-1.08), <i>P</i> = .084
Systemic treatment ever use				
Yes	942 (4.47%)	79 (3.75%)	0.83 (0.66-1.05), <i>P</i> = .12	0.82 (0.64-1.06), <i>P</i> = .13
Redeemed prescriptions systemic				
therapy ever (dose response)			0.83 (0.70-0.98), <i>P</i> = .031	0.82 (0.68-0.99), <i>P</i> = .037
None	20,148 (95.53%)	2030 (96.25%)		
Total of 1-5	596 (2.83%)	60 (2.84%)		
More than 5	346 (1.64%)	19 (0.90%)		

The index date is the date of the suicide attempt for cases and the date of inclusion for controls. Treatment data were obtained from the Danish National Prescription Registry.⁴ Included treatments were oral isotretinoin (ATC code: D10BA01) and topical treatments with retinoids (ATC codes: D10AD and D10AF51).

ATC, Anatomical Therapeutic Chemical Classification System; OR, odds ratio.

*Adjusted for schizophrenia, bipolar disorder, and depression disorder.

public.² Our study selected individuals aged 13 to 19 years listed in the Danish Poison Information Center database for poisoning with suicidal intent from 2008-2013 as cases. Individuals who experienced more than 1 suicide attempt were counted only once as a case, based on their first recorded attempt. For each case, 10 controls matched by age, sex, and municipality type were randomly selected from the general population in Denmark. We extracted Danish registry data on retinoid treatments before the index date, defined as the suicide attempt for cases and inclusion date for controls. “Ever use” referred to any prescription filled before the index date, while another category covered prescriptions within the prior year. We also collected data on possible confounders, including diagnoses of schizophrenia, bipolar disorder, and depressive disorder prior to the index date.

We identified 2109 teenage cases of suicide attempts and 21,090 controls (Table D). Both groups had a mean age of 16.9 years and were predominantly female (82.98%). Among the controls, 17.89% had ever used topical retinoid treatments, compared to 16.17% of the cases. Within 1 year prior to the index date, 4.54% of controls and 3.60% of cases had used topical treatments. For systemic treatments, 4.47% of controls and 3.75% of cases had ever used oral isotretinoin. Within 1 year prior to the index date, 0.81% of controls and 0.52% of cases had used oral isotretinoin.

Data were analyzed using conditional logistic regression. We found no association between acne treatment with isotretinoin or topical retinoids and suicide attempts. This finding applied to both ever prior use, use within the year prior, and the prescription frequency for both topical and systemic treatments. Adjusting for schizophrenia, bipolar disorder, and depressive disorder did not change these conclusions. For specific odds ratios, see Table II.

One limitation of our study is the potential for confounding, as patients with pre-existing psychiatric conditions may be less likely to be prescribed isotretinoin. Additionally, individuals who use retinoids may exhibit higher self-care and better mental health. Lastly, our study also relies on prescription data, which may not fully capture adherence to medication.

In conclusion, our study found no association between acne treatment with isotretinoin or topical retinoids and suicide attempts in adolescents.

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Conflicts of interest

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Acne and eczema education on podcasts: A descriptive analysis



To the Editor: Patients and health care professionals increasingly utilize podcasts as a free and convenient source of information about skin diseases.^{1,2} Dermatologists who are familiar with skin-focused podcasts can better direct patients toward accurate sources of information. In this project, we aim to characterize the content and objectives of popular eczema and acne podcasts, 2 common skin conditions in the United States.^{3,4}

Podcast platforms were searched in September 2023 using the terms “acne” and “eczema.” The top 50 results on Spotify, Apple Podcasts, and Google Podcasts were analyzed. Inclusion criteria were: podcasts dedicated to the specific disease, in