

Title: Integrating co-located behavioral healthcare into a dermatology clinic: a prospective randomized-control treatment pilot study in patients with alopecia areata.

Authors: K. Gorbatenko-Roth^{1,2}, J. Hodges², D. Cohen³, M. Golm², D. Kranz⁵, D. Windenburg², M. Hordinsky²

Institutions: 1- University of Wisconsin-Stout, 2- University of Minnesota, 3- Minnesota Health, Fairview, 4- National Alopecia Areata Foundation

Abstract:

Background: Alopecia Areata (AA) is a medical disease with substantial psychosocial burdens. Although AA patients request that these burdens be addressed during standard dermatological care, such care is not systematically provided. To begin addressing this unmet need, a co-located behavioral healthcare pilot program was developed. From this study's perspective, behavioral healthcare refers to addressing and improving the QOL of persons with chronic health conditions, by providing very-brief psychotherapy services embedded within medical settings.

Objective: Assess the feasibility of offering and researching brief co-located integrated behavioral healthcare during dermatology appointments; AA patients' perspectives on providing behavioral health services within a dermatology clinic; and the impact of two sessions of behavioral healthcare on the psychosocial functioning of AA patients.

Method: Randomized controlled feasibility pilot implemented in hair disease clinics within the University of Minnesota's Department of Dermatology. The population of interest was new and returning adult AA patients. 20 treatment participants received up to two 30-minute sessions of an AA-specific behavioral health protocol, consisting of providing emotional social support and identifying plans for living better with AA. The first session was immediately after the dermatology appointment. Controls (N=10) received no behavioral healthcare. Participants completed pre and 1-month post psychosocial functioning

assessments, specifically demoralization/emotional distress, appearance shame, psychological symptoms, life functioning, emotional social support and coping ability.

Results: Implementing and researching integration of behavioral healthcare for AA patients into a dermatology clinic is highly feasible. No clinic disruption occurred. The AA-specific protocol was relevant, immediately beneficial, supported by patients and increased patients' overall satisfaction with their dermatology care. Results suggest treatment may have meaningful benefits for psychosocial functioning, possibly depending on pre-test level of patient-perceived burden.

Limitations: Low power precluded a definitive test of treatment effect. The behavioral health provider had AA; this patient-experience affinity may confound clear interpretation of findings. Only adult AA patients participated, limiting generalizability.

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