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Hand eczema is to be taken seriously...

The prevalence of self-reported hand eczema has been reported to be around 10% (1-year prevalence).¹ This figure has repeatedly been established in high-quality epidemiological studies, using validated questions concerning hand eczema.

However, in this issue of the *BJD*, Crane *et al.* present new primary-care population-based data from a clinical setting,² which have been derived from computerized databases of anonymized U.K. primary-care records representative of the U.K. population.³ They report a 1-year prevalence of hand eczema as low as 1%.² This suggests that only 10% of U.K. patients with self-reported hand eczema access the potential benefits of a medical consultation. Furthermore, more than half of the newly diagnosed patients with hand eczema were not prescribed treatment in the first year after diagnosis.²

This is a puzzling dissimilarity from previous studies, giving rise to the question as to why the figures diverge, and why the proportion of adults seeking medical care for hand eczema in the U.K. is a fraction of the generally accepted number who self-report hand eczema. One explanation might be that the questions used for self-reported hand eczema are not precise enough and include other dermatoses on the hands. However, these questions have been validated in several studies and the specificity has been assured,⁴ so this concern can be disregarded. Another explanation is that prevalence data from computerized diagnoses may be inadequate. Diagnostic inaccuracy and miscoding, or even lack of coding, are reasonable concerns, leading to underestimation of the prevalence of the disease. For other dermatological diseases the sensitivity has been 80% or higher,² but it may not necessarily be as high for hand eczema. The fact that less than half the patients are prescribed medication for their hand eczema² indicates that doctors may not fully realize the negative consequences of the disease, and that hand eczema in some cases may be looked upon by the healthcare system as a nuisance, rather than a worrying disease, and may not be accurately diagnosed.

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Previous studies have (although to a lesser degree) also suggested that up to 30% of patients with self-reported hand eczema do not seek medical care.⁵ Reasons for this may be that patients with hand eczema may not be aware of the opportunities for treatment, or have low expectations with respect to cure. Some may prefer over-the-counter advice or alternative therapy. Another explanation may be that hand eczema is not appreciated as a medical condition, but is seen rather as a 'part of the job'. It may be perceived that the benefits from reporting the disease are minor, compared with the risk of losing employment. Perhaps this perception also reflects differences between the approaches to occupational skin disease in the U.K. compared with other parts of Europe. However, even in Denmark, only a fraction of those who report hand eczema have been notified to the authorities as having a work-related condition.⁶

Hand eczema is a disease with a significant negative influence on quality of life for patients, and is often associated with severe negative social consequences. Evidence-based treatment and prevention options for hand eczema are currently available and reasonably effective.⁷ More information about the management of hand eczema and the benefits from skincare programmes should be available to the public and especially to high-risk groups, such as healthcare workers. It may also be the case that the need to raise awareness among general practitioners of the seriousness of this disease, and to increase their motivation to treat it, will need to be addressed.

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