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Introduction

- Stigmatized conditions (e.g., obesity, sexually transmitted diseases, visible skin conditions, mental health conditions, etc.) are often underdiagnosed and undertreated.¹
- Stigmatized conditions may be sources of shame for patients.^{2,3}
- As such, disease stigmatization may act as a barrier to proper diagnosis and treatment uptake.⁴

Objective

We assessed the association between stigmatization, proper diagnosis, and treatment uptake across a variety of stigmatized conditions in a nationally representative real-world dataset.

Methods

- Data from the 2023 US National Health and Wellness Survey, a cross-sectional, nationally representative, general population survey, were used.
- Disease-specific stigmatization was assessed with a self-report Likert-type three-item composite scale (anchored at 1 "Not at all" and 7 "Very much so").
- Stigma scale items:
- "Do you feel <u>embarrassed</u> to have this condition?"

Spearman correlations (p) between the single-item embarrassment score and diagnostic status are displayed, wherein diagnostic status is dummy coded (0=still undiagnosed; 1=diagnosed)

Spearman correlations (p) between the single-item judgment score and treatment status are displayed, wherein treatment status is dummy coded (0=untreated with Rx; 1=treated with Rx)

- "Do you think that others judge you negatively if they know you have this condition?"
- "Do you think that others **treat you negatively** if they know you have this condition?"
- Associations between self-reported stigmatization and outcomes of interest (i.e., proper diagnosis and treatment uptake) were assessed with Spearman correlations without adjustment for covariates.

Results

Table 1. Sample characteristics

• Analyses included 75,007 respondents, with a focus on respondents who reported at least 1 of 22 stigmatized health conditions (Table 1).

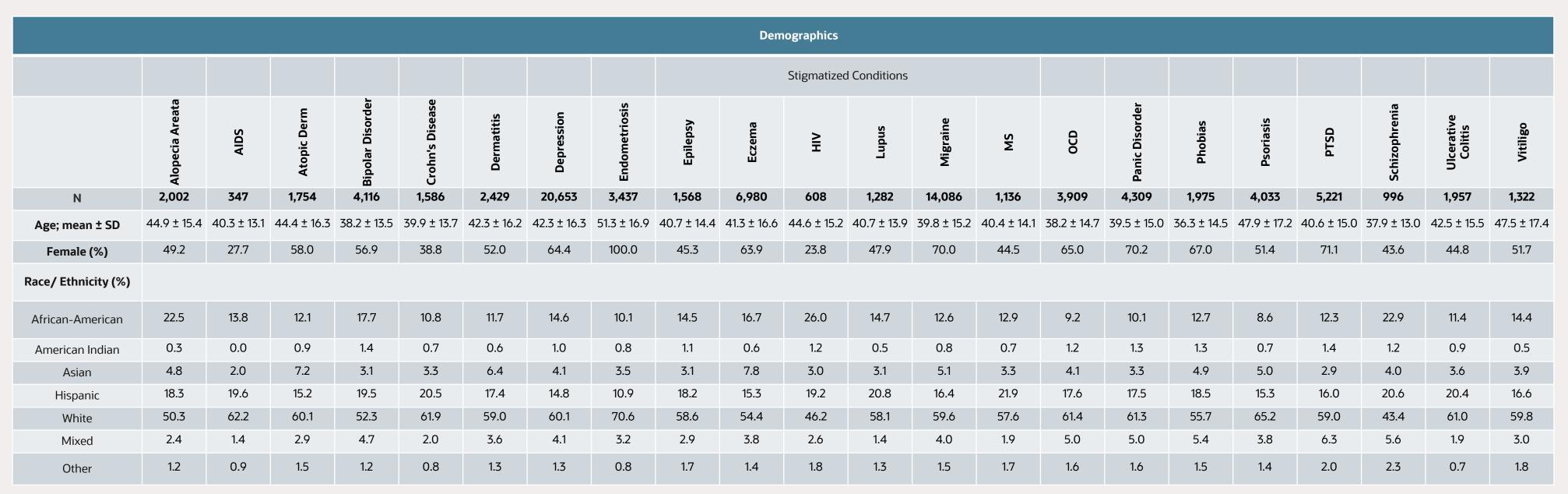


Table 2. Overall Stigmatization & Diagnostic Status

											Diagnosis											
											Stigmatize	d Condition										
	Alopecia Areata	AIDS	Atopic Derm	Bipolar Disorder	Crohn's Disease	Dermatitis	Depression	Endometrio sis	Epilepsy	Eczema	HIV	Lupus	Migraine	MS	OCD	Panic Disorder	Phobias	Psoriasis	PTSD	Schizophre nia	Ulcerative Colitis	Vitiligo
All stigmatization (composite score)	07	.05	22	.03	30	21	.07	25	29	10	01	44	.02	39	.09	.06	.14	15	.06	.12	34	12

Spearman correlations (p) between the three-item composite stigma score and diagnostic status are displayed, wherein diagnostic status is dummy coded (0=still undiagnosed; 1=diagnosed)

Table 3. Overall Stigmatization & Treatment Uptake

										Tı	reatment Up	take										
											Stigmatize	d Condition										
	Alopecia Areata	AIDS	Atopic Derm	Bipolar Disorder	Crohn's Disease	Dermatitis	Depression	Endometrio sis	Epilepsy	Eczema	HIV	Lupus	Migraine	MS	OCD	Panic Disorder	Phobias	Psoriasis	PTSD	Schizophre nia	Ulcerative Colitis	Vitiligo
All stigmatization (composite score)		.04	04	.05	18	08	.02	.14	14	.02	03	25	.06	26	.08	.05	.13	01	.09	.12	16	.07

Spearman correlations (p) between the three-item composite stigma score and treatment status are displayed, wherein treatment status is dummy coded (0=untreated with Rx; 1=treated with Rx)

• Barriers: Negative associations between stigma and diagnostic status/treatment uptake, with a magnitude of ρ < .10 are highlighted in red, wherein stigma may act as a barrier to proper care (Tables 2-3). • **Drivers:** Positive associations between stigma and diagnostic status/treatment uptake, with a magnitude of ρ > .10 are highlighted in green, wherein stigma may act as a <u>driver</u> to proper care (**Tables 2-3**).

Table 4. Embarrassment & Diagnostic Status

											Diagnosis											
											Stigmatize	d Condition										
	Alopecia Areata	AIDS	Atopic Derm	Bipolar Disorder	Crohn's Disease	Dermatitis	Depression	Endometrio sis	Epilepsy	Eczema	HIV	Lupus	Migraine	MS	OCD	Panic Disorder	Phobias	Psoriasis	PTSD	Schizophre nia	Ulcerative Colitis	Vitiligo
Embarrassme nt score	04	.00	18	03	23	15	.03	26	28	08	14	41	01	37	.07	.03	.12	12	.02	.04	24	09

Table 5. Embarrassment & Treatment Uptake

										Treat	ment Uptake											
											Stigmatized Co	ndition										
	Alopecia Areata	AIDS	Atopic Derm	Bipolar Disorder	Crohn's Disease	Dermatitis	Depression	Endometriosi s	Epilepsy	Eczema	HIV	Lupus	Migraine	MS	OCD	Panic Disorder	Phobias	Psoriasis	PTSD	Schizophreni a	Ulcerative Colitis	Vitiligo
Embarrassmen t score	.11	01	03	.01	11	05	.00	.12	13	.03	14	24	.03	25	.07	.04	.14	.01	.08	.06	09	.07
Spearman correlation	ons (ρ) between	single-item e	embarrassment s	core and treatr	nent status are	e displayed, whe	erein treatment	status is dummy	coded (0=unt	reated with Rx;	1=treated with	Rx)										

• Barriers: Negative associations between embarrassment and diagnostic status/treatment uptake, with a magnitude of ρ < .10 are highlighted in red, wherein stigma may act as a barrier to proper care (Tables 4-5).

• **Drivers:** Positive associations between embarrassment and diagnostic status/treatment uptake, with a magnitude of ρ > .10 are highlighted in green, wherein stigma may act as a <u>driver</u> to proper care (**Tables 4-5**).

Table 6. Negative Judgment from Others & Diagnostic Status

											Diagnosis											
											Stigmatized	d Condition										
	Alopecia Areata	AIDS	Atopic Derm	Bipolar Disorder	Crohn's Disease	Dermatitis	Depression	Endometrio sis	Epilepsy	Eczema	HIV	Lupus	Migraine	MS	OCD	Panic Disorder	Phobias	Psoriasis	PTSD	Schizophre nia	Ulcerative Colitis	Vitiligo
Judgment score	05	.12	21	.08	28	20	.08	25	26	11	.10	39	.02	36	.11	.07	.13	15	.07	.19	33	11
Spearman correlati	ions (ρ) between	the single-ite	m judgment sc	ore and diagno	stic status are	displayed, whe	rein diagnostic	status is dumn	ny coded (0=st	till undiagnosea	d; 1=diagnosed))										

Table 7. Negative Judgment from Others & Treatment Uptake

										Tr	eatment Up	take										
	Stigmatized Condition Alamatia Pinalar Crabula Findametria																					
	Alopecia Areata	AIDS	Atopic Derm	Bipolar Disorder	Crohn's Disease	Dermatitis	Depression	Endometrio sis	Epilepsy	Eczema	HIV	Lupus	Migraine	MS	OCD	Panic Disorder	Phobias	Psoriasis	PTSD	Schizophre nia	Ulcerative Colitis	Vitiligo
Judgment score	.12	.11	02	.07	18	07	.03	.12	12	.01	.09	21	.06	23	.09	.05	.12	03	.08	.15	17	.06

• Barriers: Negative associations between judgment from others and diagnostic status/treatment uptake, with a magnitude of ρ < .10 are highlighted in red, wherein stigma may act as a barrier to proper care (Tables 6-7).

• **Drivers:** Positive associations between judgment from others and diagnostic status/treatment uptake, with a magnitude of ρ > .10 are highlighted in green, wherein stigma may act as a <u>driver</u> to proper care (**Tables 6-7**).

Table 8. Poor Treatment from Others & Diagnostic Status

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											Stigmatized	d Condition										
	Alopecia Areata	AIDS	Atopic Derm	Bipolar Disorder	Crohn's Disease	Dermatitis	Depression	Endometrio sis	Epilepsy	Eczema	HIV	Lupus	Migraine	MS	OCD	Panic Disorder	Phobias	Psoriasis	PTSD	Schizophre nia	Ulcerative Colitis	Vitiligo
<u>Treatment</u> <u>score</u>	09	.03	24	.04	33	25	.07	24	28	12	.03	44	.01	38	.06	.05	.12	18	.06	.11	39	16
Spearman correla	tions (ρ) betwee	n the single-ite	em treatment s	score and diagn	nostic status ar	re displayed, wl	nerein diagnost	tic status is dum	my coded (0=	still undiagnose	ed; 1=diagnose	d)										

Table 9. Poor Treatment from Others & Treatment Uptake

											одинени ор											
											Stigmatized	d Condition										
	Alopecia Areata	AIDS	Atopic Derm	Bipolar Disorder	Crohn's Disease	Dermatitis	Depression	Endometrio sis	Epilepsy	Eczema	HIV	Lupus	Migraine	MS	OCD	Panic Disorder	Phobias	Psoriasis	PTSD	Schizophre nia	Ulcerative Colitis	Vitiligo
<u>Treatment</u> <u>score</u>	.11	.02	05	.05	21	10	.02	.11	15	.00	.01	24	.05	25	.06	.03	.09	04	.08	.10	20	.06
Spearman correlat	ions (ρ) betwee	n the single-ite	em treatment .	score and treat	ment status ar	e displayed, wl	nerein treatmei	nt status is dum	my coded (0=ι	untreated with	Rx; 1=treated v	vith Rx)										

• Barriers: Negative associations between poor treatment from others and diagnostic status/treatment uptake, with a magnitude of ρ < .10 are

highlighted in red, wherein stigma may act as a barrier to proper care (Tables 8-9).

• **Drivers:** Positive associations between poor treatment from others and diagnostic status/treatment uptake, with a magnitude of $\rho > .10$ are highlighted in green, wherein stigma may act as a <u>driver</u> to proper care (Tables 8-9).

Conclusions

- These results suggest that there is meaningful variation in the extent to which health conditions are stigmatized.
- Stigma may act as a barrier to proper diagnosis and treatment uptake.
- However, the magnitude (and even the direction) of this association varies by health condition and type of stigmatization. Perhaps most notably (and contrary to predictions), stigma can simultaneously act as a barrier to diagnosis and subsequently as a driver to treatment uptake in some contexts (e.g., alopecia, phobias, schizophrenia, etc).
- Future studies may choose to focus on the identification of factors that systematically determine if stigma acts as a driver or barrier to proper diagnoses and treatment uptake.
- In addition, as many individuals remain unnecessarily undiagnosed or untreated for their stigmatized condition, future studies may be well-served by quantifying the extent to which stigmatization versus other more commonly assessed factors (e.g., transportation, income, literacy) act as barriers to care.

References

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