The Unmet Need for Patients with Vitiligo is High

This infographic is funded and co-developed by AbbVie.

Vitiligo is an Immune-Mediated Systemic Disorder

Vitiligo is the result of a systemic immune response, leading to the destruction of melanocytes in the skin.



Vitiligo is characterised by the development of white patches on the skin. Visible areas such as the face, neck, hands and feet, are commonly affected. Vitiligo affects people of all races, ethnic groups and genders.



of patients suffer from depression, anxiety, and shame, leading to low self-esteem and social isolation. Stigma is common.



of patients have additional autoimmune and systemic inflammatory conditions: thyroid disease, psoriasis, alopecia areata, IBD.





Absence of aligned treatment targets and standardised assessment of disease severity, patient impact and treatment response.



Lack of systemic treatment options for lasting repigmentation.

Standard of care treatment includes:



Topical and oral corticosteroids



Phototherapy



However, effective and complete repigmentation is rarely achieved with current therapies



Vitiligo is an important medical condition, not a cosmetic disorder, with devastating psychological and physical effects requiring medical treatment

References

Alikhan A et al. Vitiligo: a comprehensive overview part I. Introduction, epidemiology, quality of life, diagnosis, differential diagnosis, associations, histopathology, etiology, and work-up. J Am Acad Dermatol. 2011;65(3):473-91.

Bergqvist C, Ezzedine K. Vitiligo: a review. Dermatology. 2020;236(6):571-92.

Bohm et al. Diagnostik und Therapie der Vitiligo. 2021. Available at: https://register.awmf.org/assets/guidelines/013-093l_S1_Diagnostik-Therapie-Vitiligo_2021-04.pdf.

Last accessed: 19 October 2023. ent methods in vitilian . I Piam Disord 2015:2(1):1000160

Exertine K et al. Vitiligo. Lancet. 2015;386(9988);74-84.

Kawakami T, Hashimoto T. Disease severity indexes and treatment evaluation criteria in vitiligo. Dermatol Res Pract. 2011;2011:750342.

Kemt G, Al'Abadie M. Psyhoologie effects of vitiligo: a critical incident analysis. J Am Acad Dermatol. 1996;35(6):895-8. Linthorst Homan MW et al. The burden of vitiligo: patient characteristics associated with quality of life. J Am Acad Dermatol. 2009;6 Mattoo SK et al. Psychiatric morbidity in vitiligo: prevalence and correlates in India. J Eur Acad Dermatol Venereol. 2002;16(6):573-8.

Vision Ret al. Guidelines for the diagnosis and treatment of vitiligo in Japan. J Dermatol. 2013;40(5):344-54.

Parsad D et al. Dermatology Life Quality Index score in vitiligo and its impact on the treatment outcome. Br J Dermatol. 2003;148(2):373-4

Porter JR et al. Psychosocial effect of vitiligo: a comparison of vitiligo patients with "normal" control subjects, with psoriasis patients, and with pat

pagniements of usorders. 3 km Road bernhalot. 3906, 16(2+17):225-43.
Speeckaert R, van Geel N. Distribution patterns in generalized vitiligo. J Eur Acad Dermatol Venereol. 2014;28(6):755-62.
Taieb A et al. Guidelines for the management of vitiligo: the European Dermatology Forum consensus. Br J Dermatol. 2013;168(1):5-19.
Wang KY et al. Health-related quality of life and marital quality of vitiligo patients in China. J Eur Acad Dematol Venereol. 2011;25(4):429-35. Weber MB et al. Assessment of the quality of life of pediatric patients at a center of excellence in dermatology in southern Brazil. An Bras Dermatol

Xu et al. Consensus on the diagnosis and treatment of vitiligo in China. Int J Dermatol Venereol, 2021;4(1):10-15

Abbreviation