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TikTok as a Source of Information for Seborrheic Dermatitis: A Cross-Sectional Analysis

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Dear Editor,

Seborrheic dermatitis (SD) is a persistent inflammatory skin condition, marked by red scaly patches primarily on the scalp, nasal area, and chest, often with itching and flaking.[1] Despite its prevalence, the exact causes and effective targeted treatments are still under investigation, presenting complex management challenges.[1] There is a growing reliance on online resources for health information, a trend also noted among patients with chronic skin conditions.[2,3] TikTok, a rapidly expanding video-sharing platform, has become a significant medium for disseminating various health-related topics. Specifically, TikTok has been found to be a reliable source for dermatological information when videos are made by healthcare professionals (HCPs).[5] This cross-sectional analysis examines the quality of SD information on TikTok with a focus on the information presented by HCPs and non-HCPs. While a similar study on YouTube's SD content indicated a predominance of misleading information,[5] we hypothesize that TikTok's SD content will be primarily scientifically accurate, with videos made by HCPs being the most popular among users.

A TikTok search was performed on December 19, 2023, using the following keywords: "seborrheic dermatitis," "dandruff," and "cradle cap." The inclusion criteria were English-language videos primarily addressing SD education or treatment, created by either healthcare professionals (HCPs) or non-HCPs. Repeated videos, non-English content, videos classified as autonomous sensory meridian response (ASMR), advertisements, or those not related to SD were excluded. For each keyword, results were filtered by like count, and videos were screened in descending order until 50 videos meeting the criteria were identified.

The videos were sorted based on whether they were created by HCPs or non-HCPs. Key metrics such as views, likes, saves, and shares, as well as product recommendations, were recorded. Video content was independently reviewed by two authors (DJ and RA), with a third author (NI) resolving any discrepancies. Content was categorized as "useful" for accurate, scientifically proven information, or "misleading" for incorrect or unproven information. Videos sharing personal

FIGURE 1. Percentage of useful and misleading video content by hcps and non-HCPs.

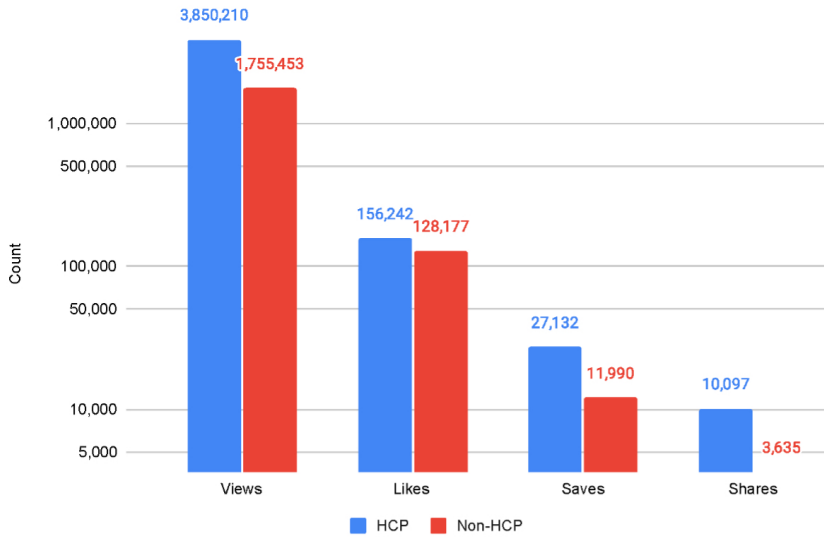

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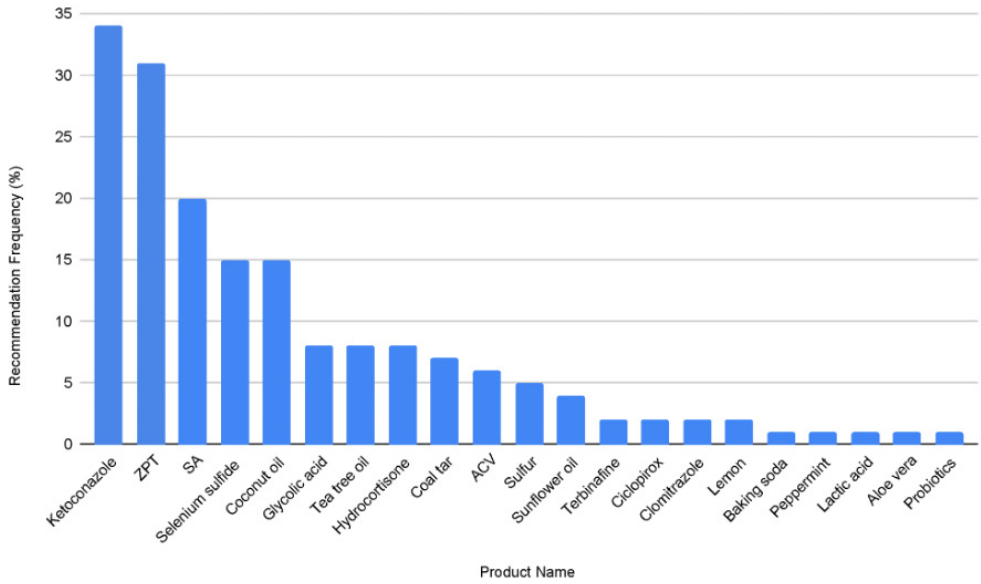
TABLE 1.

Examples of Useful Versus Misleading Statements	
Useful	**Misleading**
HCP: "The cause is multifactorial and includes excessive sebum production, overgrowth of *Malassezia* yeast, and an individual's response to the yeast."	HCP: "I tell patients their dandruff is caused by them sleeping with wet hair."
HCP: "The oil glands are not necessarily dysfunctional, but the yeast does need oil to grow so the condition may flare when the glands are more active, like during puberty."	Non-HCP: "Yeast and carbohydrates from grains are going to keep your scalp dry, itchy, flaky, scaly."
Non-HCP: "It comes from this normal yeast that we all have and it feeds off of oils and when it builds up, it flakes."	Non-HCP: "The anti-dandruff shampoo that you are using is probably the main reason why you have dandruff."
Non-HCP: "Scalp oiling will make your dandruff worse."	Non-HCP: "I decided to treat the root cause of my dandruff which happens to start in my gut."
Non-HCP: "Cradle cap is extremely common in babies. It appears as little white or yellow flakes in their hair."	Non-HCP: "Most of the time with cradle cap, the baby has a zinc deficiency."

FIGURE 2. Percentage of useful and misleading video content by HCPs and non-HCPs.



HCP = healthcare professional.

experiences with SD were further classified as either "useful" or "misleading" based on the content's accuracy.

Of the 336 screened videos, 150 were included and 186 were excluded. Among the included videos, 67% were from non-HCPs and 33% from HCPs (78% dermatologists). Useful content was found in 87% of the videos, whereas 13% were misleading (Figure 1). Of the 19 misleading videos, 84% were by non-HCPs and 16% by HCPs. Additionally, all 69 videos discussing personal experiences were by non-HCPs, with 87% useful and 13% misleading. Examples of misleading and useful statements are shown in Table 1.

The included videos averaged 2,453,705 views, 137,532 likes, 17,037 saves, and 5,789 shares, with a mean duration of 91 s (HCPs: 95 s; non-HCPs: 90 s). HCP-created videos were more popular, with higher counts across all key metrics (Figure 2). Approximately 57% of the videos suggested products for SD treatment (Figure 3).

Our analysis revealed a disparity in the source of SD content, with approximately two-thirds of the videos made by non-HCPs. This disparity was particularly apparent in videos concerning cradle cap, where only five out of 50 videos were from HCPs, and only one was from a dermatologist. This highlights the necessity for more HCPs to contribute content, given their increased popularity compared to non-HCPs.

A notable portion of the misinformation stemmed from confusion between dandruff and dry scalp, conditions often

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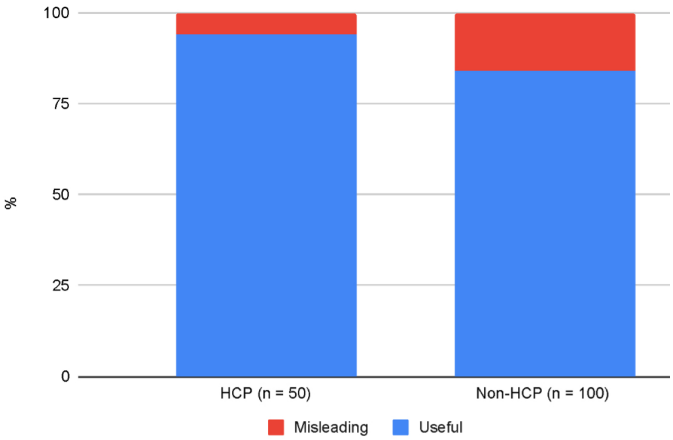
FIGURE 3. Frequency of individual product recommendations. Y-axis represents the frequency of product.



mistaken for one another due to similar symptoms, such as flaking. However, the treatments differ significantly, emphasizing the need for clear and accurate information. Enhanced HCP participation on social media can improve public understanding of SD and other conditions, improve patient outcomes, and minimize the spread of misinformation.

DISCLOSURES

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