

# Maximizing a Focused Vitiligo Patient Visit: A Practical Approach

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## INTRODUCTION

The reality of dermatology practice is that doctor-patient encounters are often limited to minutes, making it critical to optimize each visit, particularly for conditions like non-segmental vitiligo (NSV). Patients frequently present with concerns about disease progression, treatment options, and psychosocial implications. With a structured and efficient approach, dermatologists can address key concerns and provide meaningful care while remaining efficient.

## DISCUSSION

### Skin Exam and Subjective Assessment

Begin with a thorough history and a full skin examination to assess phototype, disease duration, and extent, as these factors inform therapeutic decisions.<sup>1</sup> NSV is typically diagnosed clinically, with Wood's lamp examination.<sup>2</sup> While Wood's lamp enhances visualization of depigmented areas lacking melanocytes, its utility varies by skin tone. In lighter skin types, the contrast under natural light is subtle, making Wood's lamp particularly valuable. Conversely, in darker skin types (Fitzpatrick IV–VI), the contrast is naturally more pronounced, diminishing the necessity of this tool.<sup>3</sup> In some circumstances, dermatoscopy may be a valuable tool, especially when looking for lesional and/or peri-lesional inflammation or leukotrichia. Gauging lesion severity, stability, and recent progression further refines management. For the estimation of the body surface area (BSA) involved, the palm print method can be utilized, where the patient's palm, with fingers adducted, is considered approximately equivalent to 1% of their total body surface area.<sup>4</sup> Although this method is quick, requires no specialized tools, and is reasonably accurate in clinical settings, it may overestimate

BSA by 10–20% since the hand with fingers represents only about 0.8% of BSA in men and 0.7% in women.<sup>4</sup> The 5-point Physician Global Assessment (PGA) scale can be used as a standardized tool with high interrater validity for stratifying disease severity in NSV.<sup>5</sup> An image of a target area or lesion included in the medical record and also on the patient's own phone allows tracking of progression or response to therapy. In addition, for NSV in lighter-skinned individuals, digital images guide topical applications.<sup>2</sup>

### Laboratory Assessment

Given NSV's association with autoimmune disorders, relevant laboratory tests include thyroid-stimulating hormone (TSH), thyroid peroxidase (TPO) antibodies, Anti-Nuclear Antibody (ANA), and vitamin D levels.<sup>6</sup> Vitamin D plays a pivotal role in skin pigmentation by enhancing tyrosinase activity and melanogenesis while exerting immunoregulatory effects. Deficiency has been linked to several autoimmune diseases, including systemic lupus erythematosus, diabetes mellitus, rheumatoid arthritis, multiple sclerosis, and alopecia areata. However, studies evaluating serum vitamin D levels in vitiligo patients have yielded mixed results, necessitating further research to elucidate its role in disease pathogenesis and treatment response.<sup>7</sup>

### Streamlined Treatment Discussion

Therapeutic strategies for NSV may be efficiently categorized into topical and systemic approaches. First-line topical treatments include corticosteroids, calcineurin inhibitors, and vitamin D analogs, particularly for localized or stable disease. Ruxolitinib 1.5% cream, the first FDA-approved topical Janus kinase (JAK)

**TABLE 1.**

**Summary. Key aspects of a structured 10-minute dermatology office visit for NSV, including diagnosis, assessment, treatment, photoprotection, psychosocial support, and follow-up planning.**

Key Aspects of Visit	
Diagnosis	Clinical diagnosis; Wood's lamp aids visualization, especially in lighter skin tones (Fitzpatrick I-III).
Severity Assessment	Perform a full skin exam. Evaluate lesion extent by evaluating BSA, PGA. Faster response in facial/body lesions with rapid progression.
Laboratory Work-up	Check TSH, TPO antibodies, ANA and vitamin D levels due to autoimmune link.
Treatment Discussion	First-line topical: Ruxolitinib for repigmentation, especially facial vitiligo. Other options: corticosteroids, calcineurin inhibitors (tacrolimus, pimecrolimus), vitamin D analogs.  Systemic: Oral corticosteroids, JAK inhibitors for refractory cases.  Phototherapy: NB-UVB, excimer laser for extensive disease.
Photoprotection Counseling	Use sunblock, broad-brimmed hats to minimize contrast.
Psychosocial Support	Address self-esteem concerns; provide resources and referrals.
Follow-Up Plan	Review treatment response and importance of patience with slow re-pigmentations, adjust therapy, provide ongoing support, endorse shared decision-making and taking at-home photographs.

inhibitor for NSV in patients 12 and older, has shown significant repigmentation efficacy with limited side effects, particularly for facial lesions, making it a great first-line topical treatment option as well.<sup>8,9</sup> Systemic therapies, such as oral corticosteroids, immunosuppressants, and oral JAK inhibitors, are reserved for rapidly progressing, widespread, or treatment-refractory cases. Phototherapy, specifically narrowband UVB and excimer laser, serves as an adjunct, particularly in extensive cases where uniform repigmentation is the goal.<sup>10</sup> It is important to note that, to date, these systemic therapies remain off-label. Emphasizing the importance of strict sun protection with sunblock and broad-brimmed hats to prevent burning of involved skin and tanning of normal skin, reducing contrast between affected and unaffected skin.<sup>11</sup> Assessing a patient's distress related to vitiligo is essential. A simple question such as, "How often does your vitiligo bother you?" can provide valuable insight into the disease's impact on a patient's well-being. Any associated mental health concerns should be carefully documented and referred appropriately.<sup>12</sup>

#### Reinforce Key Takeaways and Plan Follow-Up

Before concluding the visit, always good to succinctly summarize the treatment plan and provide educational resources. A nurse or medical assistant can help provide information on support groups or mental health referrals when needed.<sup>13</sup> Encourage patients to take at-home photographs to track disease progression and optimize topical treatment application. Clarify follow-up timelines to monitor disease

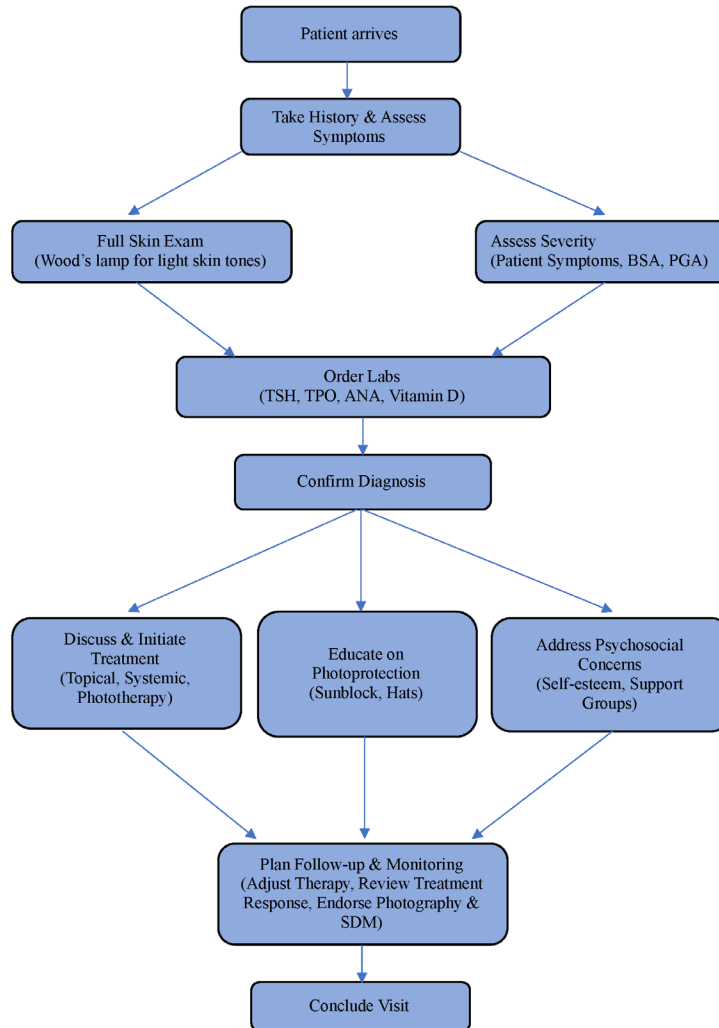
progression and treatment efficacy. Shared decision-making (SDM) plays a crucial role in enhancing treatment adherence and achieving repigmentation by fostering a collaborative approach between clinicians and patients.<sup>14</sup> In more academic settings, a multidisciplinary approach integrating medical, psychological, and educational interventions is essential in reducing the burden of vitiligo.<sup>13</sup>

#### CONCLUSION

While managing NSV through a structured, focused visit, the ensuing approach allows for efficient yet comprehensive care. Above all, patients looking for hope will leave with a plan. Reassurance and reminders to persist with therapy, given NSV's slow response to treatment, are crucial (see Table 1, Figures 1 and 2).

**FIGURE 1.** Example of Wood's lamp images taken on the patient's phone in the clinic, allowing for at-home monitoring of disease progression and precise topical medication application. (Left) Hypopigmented macules and patches on dorsal hands. (Right) Hypopigmented patch surrounding the peri-oral region and the chin.



**FIGURE 2.** Optimized flowchart: 10-minute non-segmental vitiligo patient visit.**DISCLOSURES**

The authors have no conflicts of interest to disclose.

**Data availability statement:** The data that supports the findings of this review are available from publicly accessible sources and repositories. All references and citations to the primary studies, datasets, and literature sources utilized in this review are listed in the reference section.

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