

INVESTIGATIVE REPORT

# Prevalence and Severity of Atopic Dermatitis in Jeju Island: A Cross-sectional Study of 4,028 Korean Elementary Schoolchildren by Physical Examination Utilizing the Three-item Severity Score

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The objective of this study was to evaluate the precise prevalence of atopic dermatitis (AD) in schoolchildren in Jeju Island in South Korea examined in 2009. Nine elementary schools were randomly selected from Jeju Island and a total of 4,028 schoolchildren were examined by a dermatologist. AD was diagnosed based on the Korean Atopic Dermatitis Research Group criteria for the disease. The severity of AD was measured with the three-item severity score (TIS). The point prevalence of AD was 9.5% overall. The prevalence among higher graders (age 9–12 years) was significantly lower than that in lower graders (age 6–9 years) (7.5% vs. 11.9%,  $p < 0.00001$ ). AD prevalence in girls (11.1%) was higher than that in boys (8.1%) ( $p < 0.005$ ). In each grade, more than 50% of those affected had the mild form (TIS score 1 or 2). There were no apparent differences in severity of AD between grades or genders. This is the first Asian study of prevalence in schoolchildren using TIS score for evaluating AD severity. **Key words:** atopic dermatitis; elementary schoolchildren; Korean; prevalence; three-item severity score.

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Atopic dermatitis (AD) is a relapsing inflammatory skin condition that affects children of various ethnic and geographical backgrounds. Questionnaire surveys and physical examination are the most common methods for the diagnosis of AD. In English-speaking countries, the International Study of Asthma and Allergies in Childhood (ISAAC) (1) has compared the prevalence between questionnaire and skin examination methods in non-English speaking populations (2). A recently published study (3) has shown that questionnaire-based diagnosis of AD has not been validated, skin examination is

excellent for use in clinical trials, but too complicated and time-consuming for use in general practice. The three-item severity (TIS) score, which was first presented by Wolkerstorfer et al. (4), is a simple scoring system that is easy and quick to obtain. Dirven-Meijer et al. (5) reported the prevalence of AD in 3 different areas of South Korea: Seoul, Gyeonggi-do, and Jeju Island. This study was the first AD clinical examination in 3 different areas of South Korea: Seoul, Gyeonggi-do, and Jeju Island. AD using dermatologist's physical examination for the first time in Jeju Island in South Korea.

## Subjects

This study was a cross-sectional study conducted in 2009. Nine elementary schools were randomly selected from Jeju Island (South Korea) and all the schoolchildren were examined by the dermatologist. The target population was first to sixth graders (6–12 years old) in 2009.

## Diagnosis of atopic dermatitis

The diagnostic criteria are the same as those of Hanafin & Rajka (6), which include: eczema, scalp scaling and skin-prick test reactivity. The TIS score is the sum of the following: eczema, scalp scaling, oedema and excoriations (scratches). The TIS score is the sum

618 children (318 girls) were examined.

Data analysis

The  $\chi^2$  test (Mann-Whitney U-test) was used.

$p < 0.05$  was considered significant.

Prevalence of atopic dermatitis

A total of 618 elementary school children (318 girls) were examined. The overall prevalence of AD in Jeju Island was 12.2% (75/618) ( $p < 0.005$ ). The prevalences of AD in first to sixth graders were 12.2%, 40%, 0%, 9%, 8% and 8%, and the overall combined prevalence of AD in first, second and third graders was 11.9%, which was significantly higher than the combined prevalence among fourth, fifth and sixth graders (7.5%) ( $p < 0.00001$ ).

Severity of atopic dermatitis

The severity of AD was assessed by TIS score. The mean TIS score was  $1.5 \pm 1.5$  in the first, second and third graders, and  $1.5 \pm 1.5$  in the fourth, fifth and sixth graders, with no significant difference ( $p > 0.1$ ).

Discussion

The overall prevalence of AD in Jeju Island was 12.2% (75/618) (3.1%).

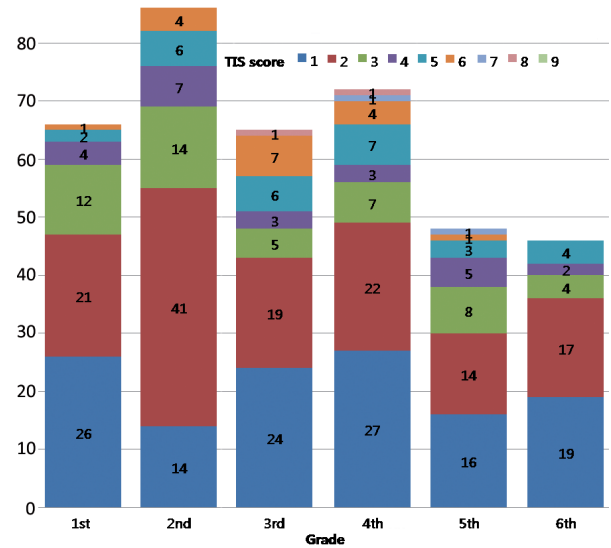


Fig. 1. Prevalence of AD by grade and gender.

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It has been confirmed. Studies from Germany, Hong Kong and Japan have shown that the prevalence rate measured by skin examination is higher than that measured by questionnaire.

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Prevalences of atopic dermatitis (AD) by grade and gender in elementary schoolchildren in Jeju Island

Grade	Male		Female		Total	
	n	n (%)	n	n (%)	n	n (%)
1st	26	3.5	0	0.0	26	4.2
2nd	14	40	0	0.0	14	2.3
3rd	24	0.0	0	0.0	24	3.9
4th	27	0.0	0	0.0	27	4.4
5th	16	0.0	0	0.0	16	2.6
Sixth	19	1.5	0	0.0	19	3.1
Total	136	11.9	0	0.0	136	22.0

ever, a nationwide study in Japan revealed no significant difference in the prevalence of AD (0.9% in boys and 1.5% in girls) (2). In another study, the prevalence of AD was 2.0% in boys and 3.0% in girls (3). In a study conducted in Jeju Island, the prevalence of AD was 1.1% in boys and 1.2% in girls (6).

There was a significant difference in the prevalence of AD (8% v. 1%),  $p < 0.005$ , between children with a specific hereditary components and skin physiology, or the factors influencing the gender difference (20–24).

The severity of AD did not differ significantly between boys and girls. TIS score, classified as mild (<3), was 3.06 (9.14%), 0%, 0%, and 0% of schoolchildren of both sexes in Jeju Island (6). Thus, the prevalence of AD in children with mild AD was 1.2%.

**CONCLUSION**

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*The authors declare no conflicts of interest.*

**REFERENCES**

1. Maesano I, Bjorkstein B, et al. How well do questionnaires perform compared with physical examination in detecting flexural eczema? Findings from the International Study of Asthma and Allergies in Childhood. *Acta Derm Venereol* 2009; 89: 323–328.
2. Choi WJ, Ko JY, Kim JW, Lee KH, Park CW, Kim KH, et al. Prevalence and risk factors for atopic dermatitis: A cross-sectional study in Korea. *Acta Derm Venereol* 2003; 83: 323–328.
3. Wolkerstorfer A, de Waard-van der Spek FB, Glazenburg ENP, et al. Prevalence of atopic dermatitis in children: A cross-sectional study in the Netherlands. *Acta Derm Venereol* 2003; 83: 323–328.
4. Wolkerstorfer A, de Waard-van der Spek FB, Glazenburg ENP, et al. Prevalence of atopic dermatitis in children: A cross-sectional study in the Netherlands. *Acta Derm Venereol* 2003; 83: 323–328.
5. Wolkerstorfer A, de Waard-van der Spek FB, Glazenburg ENP, et al. Prevalence of atopic dermatitis in children: A cross-sectional study in the Netherlands. *Acta Derm Venereol* 2003; 83: 323–328.

6. Oranje AP, Glazenburg EJ, Wolkerstorfer A, de Waard-van der Spek FB. Practical issues on interpretation of scoring atopic dermatitis: the SCORAD index, objective SCORAD index. *Acta Derm Venereol* 2007; 87: 323–328.
7. Cosickic A, Skokic F, Colic-Hadzic B, Jahic M. Clinical characteristics of atopic dermatitis in children. *Acta Derm Venereol* 2000; 80: 323–328.
8. Kim CW, Park CJ, Kim JW, Koo DW, Kim KW, Kim TY. Prevalence of atopic dermatitis in children in Korea. *Acta Derm Venereol* 2000; 80: 323–328.
9. Park YL, Kim HD, Kim KH, Kim MN, Kim JW, Ro YS, et al. Prevalence of atopic dermatitis in children in Korea. *Acta Derm Venereol* 2004; 84: 323–328.
10. Hanifin JM, Rajka G. Diagnostic features of atopic dermatitis. *Acta Derm Venereol* 1997; 77: 323–328.
1. Marks R, Kilkenny M, Plunkett A, Merlin K. The prevalence of common skin conditions in Australian school students: 2. *Acta Derm Venereol* 1990; 70: 323–328.
2. Saeki H, Iizuka H, Mori Y, Akasaka T, Takagi H, Kitajima Y. Prevalence of atopic dermatitis in children in Japan. *Acta Derm Venereol* 2000; 80: 323–328.
3. Maesano I, Bjorkstein B, et al. How well do questionnaires perform compared with physical examination in detecting flexural eczema? Findings from the International Study of Asthma and Allergies in Childhood. *Acta Derm Venereol* 2009; 89: 323–328.
4. Wolkerstorfer A, de Waard-van der Spek FB, Glazenburg ENP, et al. Prevalence of atopic dermatitis in children: A cross-sectional study in the Netherlands. *Acta Derm Venereol* 2003; 83: 323–328.
5. Kramer U, Schafer T, Behrendt H, Ring J. The influence of genetic factors on the clinical course of atopic eczema. *Clin Exp Allergy* 2001; 31: 903–907.
6. Haileamlak A, Lewis SA, Britton J, Venn AJ, Woldermariam D. Prevalence of atopic dermatitis in children in Ethiopia. *Acta Derm Venereol* 2005; 85: 323–328.
8. Poysa L, Korppi M, Pietikainen M, Remes K, Juntunen-Backman K. Prevalence of atopic dermatitis in children in Finland. *Acta Derm Venereol* 2002; 82: 323–328.
9. Eriksson-Lihr Z. Special features in allergy in children. *Acta Derm Venereol* 1990; 70: 323–328.
2. Melen E, Kere J, Pershagen G, Svartengren M, Wickman M. Influence of male sex and parental allergic disease on childhood wheezing: role of interactions. *Clin Exp Allergy* 2004; 34: 323–328.
3. al. Polymorphism of the immune-braking gene CTLA-4 (+49) and its association with atopic dermatitis. *Clin Exp Allergy* 2004; 34: 32–37.
2. Thickness and ecogenicity of the skin in children as assessed by ultrasonography. *Acta Derm Venereol* 2000; 80: 323–328.