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**Table II.** Modified Skin Picking Scale-Revised and modified Massachusetts General Hospital Hairpulling Scale scores before and after COVID

Scale and score	Pre-COVID mean	COVID mean	Mean difference	P value
SPS-R (modified) scale item (0-4)				
Overall urge	1.8	2.2	0.4	.00
Intensity of urges	1.8	2.3	0.4	.00
Time spent picking skin	1.6	1.9	0.3	.00
Control over skin picking behavior	2.1	2.5	0.3	.00
Emotional distress from skin picking	1.7	1.9	0.2	.02
Social impairment caused by skin picking	1.1	1.2	0.2	.05
Social avoidance behavior	0.8	1.0	0.2	.00
Physical damage to skin from skin picking	1.6	1.7	0.2	.00
Total modified SPS-R (max 32)	12.5	14.7	2.2	.00
MGH-HPS (modified) scale item (0-4)				
Frequency of urges	2.2	2.6	0.4	.00
Intensity of urges	2.3	2.6	0.4	.00
Ability to control the urges	2.0	2.3	0.2	.02
Frequency of hairpulling	1.8	2.0	0.3	.01
Control over hairpulling	2.9	3.0	0.1	1.03
Associated distress	2.3	2.5	0.2	.02
Total modified MGH-HPS (max 24)	13.5	15.1	1.6	.01

MGH-HPS, Massachusetts General Hospital Hair Pulling Scale; SPS-R, Skin Picking Scale-Revised.

Funding sources: None.

IRB approval status: Approved by the Institutional Review Board of the University of Minnesota.

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#### Conflicts of interest

Ms Idnani is the cofounder and president of HabitAware. HabitAware did not provide any funding for this study. The remaining authors have no disclosures.

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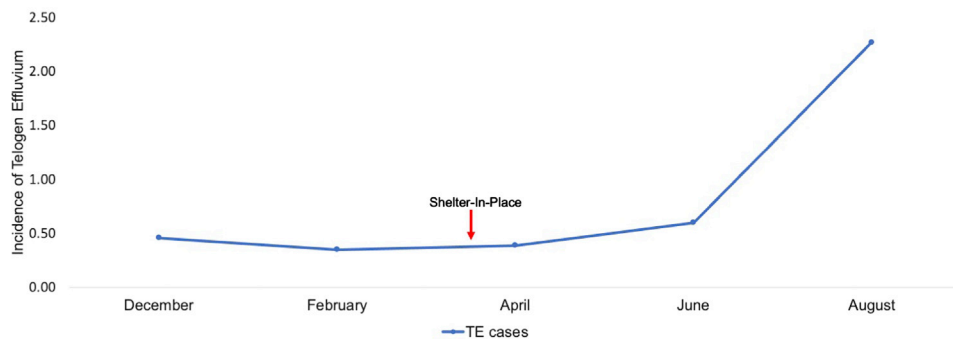
<https://doi.org/10.1016/j.jaad.2020.11.011>

#### A surge in the incidence of telogen effluvium in minority predominant communities heavily impacted by COVID-19



*To the Editor:* In March 2020, New York City (NYC) experienced a surge of coronavirus infections, becoming the epicenter of the global pandemic. Low-income, communities of color were the hardest hit, with morbidity and mortality far outweighing that of more affluent white areas.<sup>1</sup> Our dermatology departments operate out of 2 safety net hospitals in Brooklyn and Manhattan serving racially diverse neighborhoods that experienced some of the highest death rates in NYC.<sup>2</sup> Beginning in July, we began to notice an abrupt uptick in cases of hair shedding in our clinics. The timeframe, approximately 3 to 4 months after the shelter in place directive in NYC, correlates with the expected onset of telogen effluvium (TE).

To quantify the incidence of TE, a retrospective analysis was performed whereby all patients diagnosed with the condition were extracted from among the total patients evaluated by dermatology (SlicerDicer; EPIC, Verona, WI). Between November 1, 2019 and February 29, 2020, an average of 7.5 cases of TE were identified every 2 months—an incidence of 0.4% (Fig 1). This rate remained stable through June 2020 with an incidence of 0.5%. However, in July and August, 43 patients with TE were identified, corresponding to an incidence of 2.3%—a >400% increase in incidence (Fig 1). The



**Fig 1.** Incidence of telogen effluvium from two safety-net hospitals in New York City, before and during the COVID-19 pandemic (November 1, 2019 to August 31st 2020). Bimonthly averages are presented. New York State’s shelter-in-place directive is highlighted with an arrow, March 20, 2020.

**Table I.** Telogen effluvium cases and patient demographics prepandemic and during the pandemic\*

	Prepandemic (September 1, 2019-February 29, 2020)	During the pandemic (March 1, 2020-August 31, 2020)	P value
Total TE cases	18	50	
Total patients seen by dermatology	3761	3006	
Incidence of TE	0.5	1.7	<.001
Demographics of TE cases, n (%)			
White	5 (27.8)	5 (10)	.72
Hispanic/Latinx	12 (66.7)	32 (64)	<.001
Black/African American	0 (0)	1 (2)	—
Other	1 (5.5)	12 (24)	<.001
Gender of TE cases, n (%)			
Female	18 (100)	45 (90)	<.001
Male	0 (0)	5 (10)	—
Age of TE cases, n (%)			
≤30	4 (22.2)	9 (18)	.72
31-60	12 (66.7)	34 (68)	<.001
≥61	2 (11.1)	7 (14)	.93
Average monthly patients ± SD	1066.2 ± 106.4	814.5 ± 154.8	
Demographics (all patients seen by dermatology), % ± SD			
White	5.0 ± 0.4	10.9 ± 0.7	<.001
Hispanic/Latinx	50.8 ± 1.3	47.6 ± 1.8	.43
Black/African American	12.9 ± 1.3	14.4 ± 0.6	.61
Other	31.3 ± 0.9	27.1 ± 1.6	.15
Gender (all patients seen by dermatology), % ± SD			
Female	58.8 ± 1.2	60.1 ± 2.3	.66
Male	41.2 ± 1.2	39.9 ± 2.3	.76

SD, Standard deviation; TE, telogen effluvium.

\*Locations include Metropolitan Hospital, New York, and Coney Island Hospital, Brooklyn, New York.

entirety of this increase was caused by the presence of this condition in persons of color, most notably Hispanic/Latinx, in line with the disproportionately high mortality rate of this subset of the population caused by COVID-19 in NYC.<sup>3</sup>

Despite the considerable rise in cases of TE in other nonwhite populations, no substantial increase in this disorder was noted in Blacks/African Americans, a demographic also severely affected by COVID-19 (Table I). As reflected in the prepandemic

numbers, Blacks/African Americans were overall less likely to be diagnosed with TE compared with other groups. Further research is needed to explore this discrepancy. Of note, in the year before the arrival of COVID-19 we had not recorded a single case of TE in a man. However, during the pandemic, 5 cases were identified in men in our clinics.

The etiology of TE is multifactorial. As such, it is unclear if the surge in cases is more closely related to stress associated with the pandemic or the physiological toll of infection. Due to a shortage of reagents at the time, only 2 patients had been tested for COVID-19 (both negative). Importantly, hair loss is one of the most reported complaints of people with persistent symptoms after infection with COVID-19.<sup>4</sup> Thus, the possibility exists that some degree of underlying inflammation may be a factor in a subset of patients.<sup>5</sup> To that end, it is advisable to assess for systemic symptoms and monitor for resolution. The management of TE consists primarily of removal or treatment of the underlying cause and reassurance.

Limitations of this study include the possibility of coding errors and potential for bias because of public knowledge of the association of hair loss with COVID-19. Nonetheless, dermatologists may well see an influx of TE in communities significantly impacted by COVID-19.

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Drs Cline and Kazemi contributed equally to this work.

Funding sources: None.

IRB approval status: Not applicable.

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#### Conflicts of interest

None disclosed.

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#### Impact of the Paycheck Protection Program on dermatology practices during the COVID-19 pandemic



*To the Editor:* In addition to life losses and health care system collapse, the COVID-19 pandemic caused a profound economic impact. Social distancing and isolation were advised as preventative measures to limit COVID-19 spread but caused worldwide economic slowdown. In the United States, the major outbreak in March 2020 prompted the government to declare a national state of emergency, which came with substantial economic detriment.<sup>1</sup> Many dermatologists had to close their practices to reduce the risk of transmission, a rational decision from a public health standpoint but financially devastating. In response, the US Congress passed the Paycheck Protection Program (PPP) to provide financial support for small businesses, including dermatology practices.<sup>2</sup>

We analyzed the economic impact of COVID-19 on dermatology practice by identifying practices that benefited from the PPP. We identified 1066 dermatology practices that received loans of \$0.15 million or greater, representing 5% of medical practices included in this program. The number of dermatologists who benefited from this program was 3719, representing 19.7% of all dermatologists. The majority of loans went to corporations, limited liability companies (LLCs), and subchapters. More than 75% of the loans benefited practices located in the US Southeast, Northeast, and West regions. More than 80% of the loans went to practices with