L'ORÉAL
Dermatological Beauty

CLINICAL SERIES

SEE DATA ON HOW INTEGRATING IN-OFFICE DISPENSING STRENGTHENS ADHERENCE AND CLINICAL OUTCOMES

THE SCALE OF NONADHERENCE AND ITS SPECIFIC BURDEN IN DERMATOLOGY

Nonadherence to prescribed therapy remains a significant public-health challenge across healthcare settings. In one of the largest analyses of electronic prescribing data in the United States, only 72 percent of new prescriptions were filled, indicating that over a quarter of patients never obtained the medications their clinicians prescribed.[1] The World Health Organization has identified nonadherence as a leading cause of treatment failure, and dermatology reflects this challenge, with some of the lowest persistence rates among medical specialties.[2] Adherence rates for chronic inflammatory skin diseases such as psoriasis, acne, and atopic dermatitis rarely exceed 50%.[2] Clinicians are often challenged to determine whether suboptimal outcomes stem from poor adherence or from a true lack of treatment efficacy.[2]

COMPLEX SKINCARE REGIMENS CAN OVERWHELM PATIENTS AND BECOME A HURDLE FOR COMPLIANCE

Prescription therapy in dermatology often requires precise routines that combine multiple prescription agents with over-the-counter products, applied at specific times and in a specific sequence. Patients may be instructed to cleanse, medicate, and moisturize in a prescribed order, balancing treatment efficacy with cosmetic acceptability and tolerability. The complexity of these regimens can be confusing for patients and demotivating.[2]

THE HIDDEN LOGISTICS THAT UNDERMINE ADHERENCE

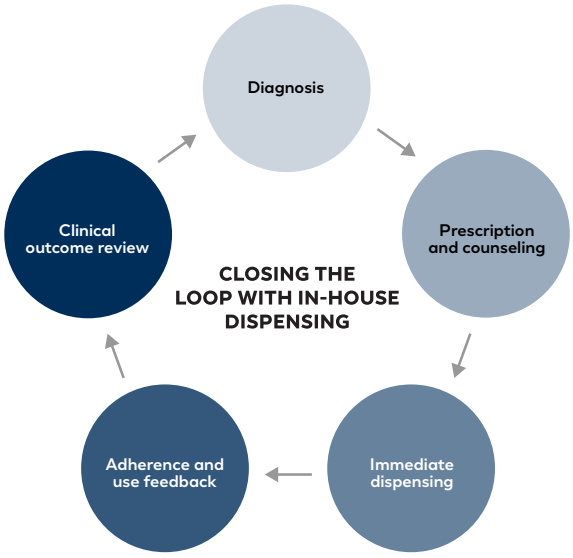
Logistical barriers frequently prevent patients from obtaining prescribed medications. After leaving the dermatologist's office, patients must locate and visit a pharmacy, often facing transportation barriers, restricted hours, or competing for personal and professional demands that interrupt the start of therapy. Such obstacles are well documented to delay or prevent medication use, particularly for chronic conditions that require ongoing management.[3] In dermatology, this problem is compounded by the need to collect multiple topical agents and adjunctive skincare products from separate sources. Evidence indicates that patients who leave a consultation with their medication in hand, rather than a prescription to be filled elsewhere, face fewer barriers to obtaining treatment and are more likely to follow therapy as prescribed.[4]

BARRIERS TO ADHERENCE

- **Logistical obstacles:** travel, pharmacy hours, and delays between prescription and possession[3,5]
- **Fragmented counseling:** limited dermatologic expertise in community pharmacy settings[2]
- **Complex treatment routines:** multi-step topical regimens that confuse or discourage patients[2]
- **Treatment abandonment:** prescriptions not picked up[1]

WHEN TREATMENT STAYS WITHIN REACH: THE QUANTIFIABLE IMPACT OF IN-OFFICE DISPENSING

By closing the gap between prescription and medication possession, integrated dispensing may help ensure patients start and maintain therapy as intended. In a large-scale analysis of primary care practices, *Gómez-Cano, et al*. found that on-site dispensing, where patients received medications directly at the point of care, was associated with significant better results for adherence-dependent clinical indicators compared with non-dispensing practices.[4] When applied to dermatology, where half of all patients fail to follow prescribed treatments—particularly complex topical regimens—this model offers a structural solution to one of the specialty's most persistent adherence problems.[2]



BRIDGING THE EDUCATION GAP

Community pharmacists play a vital role in access and safety, but studies show that many receive limited dermatology training and feel less confident counseling patients on complex topical regimens.[2]

In-office dispensing brings the final step of care back to the dermatologist. It ensures that counseling and product selection remain in the hands of the specialist who understands the condition and the regimen's demands. In a study of physician dispensing, patients most often cited confidence in physician knowledge and trust as reasons for obtaining medication directly from their dermatologist.[6] Keeping this exchange within the dermatology practice strengthens continuity and reinforces adherence through clear, expert guidance.

THE IN-OFFICE SOLUTION: ADHERENCE THROUGH ACCESS

BENEFITS OF IN-OFFICE DISPENSING

- **Immediate access to prescribed therapy:** fulfillment occurs within the same clinical encounter[4]
- **Specialist-directed counseling:** education and selection guided by the prescribing dermatologist[2,4]
- **Simplified treatment execution:** clear instructions and demonstration improve adherence[2]
- **Continuous care continuity:** diagnosis, prescription, and follow-up unified within dermatologic care[2,4] adherence[2]

In-office dispensing directly addresses primary medication non-adherence, the critical point at which more than one quarter of patients abandon therapy before it begins.[1] By eliminating the transition from clinic to pharmacy, dermatologists remove structural barriers that can undermine even expertly crafted treatment plans.[4] Patients leave the office with the medications they need and the immediate expert guidance only their dermatologist can provide.[6]

This approach does more than restore convenience; it restores the integrity of clinical care. The same expertise that guides diagnosis and treatment now extends through fulfillment, eliminating the gap between clinical recommendation and therapeutic reality. In doing so, it protects the efficacy of prescribed therapies, reduces unnecessary treatment escalation, and reinforces the continuity between diagnosis and outcome.[2] In-office dispensing transforms adherence from a persistent vulnerability into an integrated strength of personalized dermatologic care.

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