



Healthcare situation and disparities of patients with alopecia areata – A mixed methods analysis by Toni Maria Janke, Beke Hester, Katharina Müller, Christine Blome, Theresa Klinger

Supplement Table S3 and S4 Category systems of patients with alopecia areata and dermatologists

Table S3: Category system of patients with AA

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup> level of category system
Health care			
	Therapy Options		
	Local therapies		
	Cryotherapy		
	Pulse therapy		
	PRP		
	DCP		
	Further therapy options		
	UV therapy		
	Cortisone cream / topical cortisone		
	Systemic therapies		
	Immunosuppressants		
	Biologics		
	Further therapy options		
	Cortisone injection		
	Cortisone tablet		
	Other therapies		
	Participation in study		
	Shampoo		
	Wig and other assistive devices		
	Lifestyle change		
	Decision against therapy		
	Therapy-related behaviour and attitude		
	Medical consultation		
	With medical consultation		
	Without medical consultation		
	Costs and external conditions		
	Critical aspects of therapy		
	No long-term improvement		
	Lack of continuity		
	Scepticism towards potential side effects		
	Lack of information by physician		
	Lacking participation in therapy decisions		
	Scepticism towards medication		



	Few therapies offered
	Mode of administration
	Aversion to/caution with cortisone
	Exclusively symptomatic treatment
	Testing various therapies and products
	Taking therapies according to need
	Escalation steps
	<b>Medical providers</b>
	Dermatologists
	Monitoring of disease/therapy progression
	Visits according to need
	Loyalty towards practice
	Cancer screening
	Consultation hour for hair loss
	General practitioner
	Referral to specialist
	Examination at general practitioner
	No relevant provider
	Outpatient clinic
	Other physicians
	Rheumatologist
	Initial examination
	Psychological providers
	<b>Non-medical provider</b>
	Alternative medical options
	Use of alternative medical options
	No use of alternative medical options
	Pharmacy
	<b>Aspects and criticism towards healthcare</b>
	Reasons for physician visits
	Repeated prescription
	Blood tests
	Visibility of AA
	No provider visited
	Empathy of providers
	Lack of empathy / not being taken seriously
	Empathy / being taken seriously
	Competencies of provider
	Lack of competencies / expert knowledge
	Trust in competencies / expert knowledge
	Availability of physicians
	Problems finding good dermatologists
	Waiting time
	Change of physicians
	Due to expertise



	Due to location
	Not changed despite dissatisfaction
	Side effects and contraindications
	Patient education
Life with AA	
	<b>Familial case history</b>
	<b>Misdiagnosis</b>
	<b>Triggers</b>
	No obvious trigger
	Physical changes
	Seasonal influence
	Infections
	Stress
	<b>Co-morbidities</b>
	<b>Information and exchange</b>
	<b>Spontaneous remission</b>
	<b>Symptoms</b>
	<b>Handling of disease</b>
	Support by friends and family
	Acceptance
	Everyday life
	Hope for spontaneous remission
	Mental burden
	Resignation/frustration
	Visibility
	Feeling uncomfortable
	Research for causes
	Repression
	Desperation



Table S4: Category system of dermatologists

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup> level of category system
Health care stations			
	Dermatologists		
	General practitioner		
	Outpatient clinic		
	Inpatient clinic visits		
	Psychological support		
	Alternative medical options		
	Pharmacy		
	No previous therapy		
	Information and exchange		
	Lifestyle change		
	Waiting time		
Treatment			
	Treatment options		
	Local therapies		
	Calcineurin inhibitors		
	Cortisone intralesional		
	Topical cortisone		
	DCP therapy		
	Local therapy - not specified		
	PRP therapy		
	UV therapy		
	Further products		
	Systemic therapies		
	Biologics		
	Systemic cortisone		
	ciclosporin		
	JAK inhibitors		
	Minoxidil		
	MTX		
	New therapies		
	Off-label therapies		
	Study inclusion		
	Wigs and other assistive devices		
	Issues regarding the therapy		
	Localisation of the disease		
	Limited therapy options		
	Non-response to therapies		
	Reimbursement of therapies		
	Reoccurrence after treatment end		
	Monitor disease and treatment		
	Phasing out therapy		



1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup> level of category system
			Observation of the course of disease
			Disease duration as decision-making criterion
			Laboratory examination and diagnostics
			Assessment of scores
			Tolerability of therapy and side effects
			<b>Spontaneous remission</b>
			<b>Characteristics and life circumstances of patients</b>
			<b>Patient involvement</b>
			Drug samples for patients
			Building trust
			Patient preferences
			Adherence
			Patient education
			<b>Re-presentation</b>
			<b>Reasons for visits at dermatologists</b>
			Disease symptoms
			Fear and worry
			Awareness for disease
			Infections
			Information about disease and its causes
			New therapies and treatment options
			Visibility
			Stress
			Desperate search and suffering
			Wish for improvement
			Time of disease progression