

Wait Shorter for Botox Than for Suspicious Moles

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LOS ANGELES — New patients requesting cosmetic botulinum toxin injections get appointments with dermatologists in less than half the time it takes patients seeking evaluations of rapidly changing moles, a new study found.

Sham phone calls to all 898 practicing dermatologists in 12 metropolitan areas (containing about 10% of U.S. dermatologists) found that 51% offered cosmetic botulinum toxin (Botox) services. Among these, the average wait time for an appointment was 16 days, and the median wait was 8 days for patients willing to pay cash to get Botox injections for forehead wrinkles, Dr. Jack S. Resneck Jr. reported at the annual meeting of the Society for Investigative Dermatology.

A separate study 1 year earlier that placed sham phone calls in the same medical service areas found that 89% of dermatologists offered evaluations of rapidly changing moles. The average wait time

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for a new patient appointment for this potentially cancerous problem was 38 days, and the median wait was 26 days, said Dr. Resneck, a dermatologist at the University of California, San Francisco.

Wait times for Botox appointments ranged from 6-43 days. Results varied by geographic region. Comparing the same geographic areas surveyed in both studies, the difference in wait times for Botox or changing moles was statistically significant in 8 of the 12 areas.

Dr. Resneck said dermatologists may be giving preferential treatment to patients seeking cosmetic services. Allergan Inc., the company that markets Botox, has been showing dermatologists slide presentations that cast Botox as an "impulse buy" to be accommodated quickly lest the dermatologist risk losing the sale, he said.

There may be more benign reasons for these differences in wait times, he added. Dermatologists may block out chunks of time for Botox patients so that they use a whole vial rather than part of a vial.

Previous studies suggest that the proportion of dermatology practices with wait times longer than 30 days for appointments increased from 18% in 1996 to 48% in 2002, and was 45% in 2005. Wait times are long despite a huge influx of physician assistants and nurse practitioners into dermatologists' practices in recent years. Approximately 28% of U.S. dermatology practices now employ these "physician extenders."

The sham calls in the current study also asked if the offices employed physician extenders who offered Botox services, and when appointments with them might be available. The median wait in practices

where physician extenders provided Botox was 6 days for an appointment with a physician extender or 10 days to get Botox from the dermatologist, reported the investigators.

The use of physician extenders varied by region. In Phoenix, 40% of practices employed physician extenders, compared with 10% of practices in Little Rock, Ark.

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ments in the changing mole study.

A physician in the audience at the meeting said some patients seek urgent appointments for Botox because of an impending wedding or other event. "There is a sweet spot, and if you don't get them, you don't get them," he said.

"Nobody would argue with that, if we weren't in a situation where patients with a changing mole and possible malignancy are waiting 38 days for their appointments, and in a number of communities

waiting 2 or 3 months," Dr. Resneck said.

One potential weakness of the study is the question of whether the practices offering Botox are representative of all dermatologists. Might the dermatologists who offer shorter wait times for Botox appointments also offer shorter wait times for mole evaluations, compared with other dermatologists?

A Kaplan-Meier analysis of this question strongly suggests that's not the case, Dr. Resneck said. ■

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