ECONOMIST ENTERPRISE

When health systems dismiss vitiligo as "cosmetic", patients pay



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The bottom line

Vitiligo is a complex systemic and autoimmune disease—not just a cosmetic concern. The "cosmetic" label causes tangible harm to people's physical and mental wellbeing, with significant financial implications. People with vitiligo deserve access to evidence-based diagnosis and treatment, including routine screening for comorbidities and robust psychological support.

Read on to learn more.

For too long, healthcare systems have made a costly mistake: labelling vitiligo as a purely cosmetic issue. This is not a harmless choice of words. When healthcare professionals (HCPs), payers and policymakers label, and therefore dismiss, a medical condition as a cosmetic concern, patients bear the cost—clinically, psychologically and financially.

The reality of vitiligo

Vitiligo is a disease characterised by the destruction or loss of functional melanocytes—the cells that produce melanin, the natural pigment responsible for skin, hair and eye colour.[1,2,3] It is a complex, autoimmune condition that is not yet fully understood.[4] However, the condition is outwardly recognisable as a loss of skin pigmentation that can appear almost anywhere on the body and impacts an estimated 0.5-2.3% of the global population.[3,5,6,7]

The misconception

Depigmented lesions are the physical symptom of this autoimmune condition. Dismissing these as a "cosmetic condition" minimises the underlying disease and the psychological impact of the condition.

And because vitiligo's impact on people with the condition is far-reaching, it is essential to recognise its effects on both physical and psychosocial health.[7]

The psychological burden of vitiligo is often considered the most disabling aspect of the condition.[8] People with vitiligo are five times more likely to develop depression, compared to the general population.[4,9] In some European countries, more than half (58.3%) of people with vitiligo report having a diagnosed mental health condition.[6]

The physical burden of vitiligo is compounded by the presence of other autoimmune or systemic conditions. For example, 15-25% of people with vitiligo have a thyroid disorder.[10] And there is a higher prevalence of diabetes, rheumatoid arthritis and other metabolic conditions for people with vitiligo compared with those without it.[10] These conditions are associated with physical and mental health consequences, as well as higher healthcare costs.[2,4,8]

Dismissing vitiligo as a cosmetic condition minimises the significant impact of its psychological effects and autoimmune comorbidities. Holistic care must take the full burden of the condition into account.

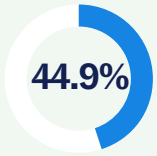
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The clinical cost

Many people with vitiligo experience stigma and rejection in clinical settings.[11] More than half (56.7%) of patients report that they were told their vitiligo could not be treated.[12] In a listening session by the US Food and Drug Administration, participants disclosed that they experience “a lack of sympathy and medical understanding” from healthcare professionals, with one individual sharing that they were told, “Oh, you have vitiligo. It’s just nothing.”[13]

Early identification and treatment of vitiligo increase the likelihood of successful repigmentation.[2,14] However, dismissive views of vitiligo contribute to delayed diagnosis and treatment for people with the condition, worsening outcomes.[3,10,15]

Across the globe, the journey to diagnosis is long and complex



report being misdiagnosed with another condition before receiving their vitiligo diagnosis.[12]



2 in 3

report being misdiagnosed when being treated by a primary care HCP, rather than a dermatologist.[12]

2.4 years

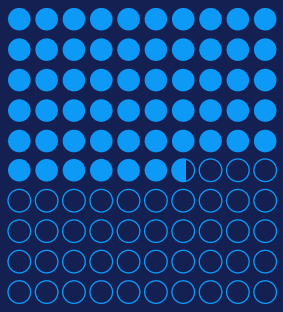
is the average time to get a correct, formal diagnosis.[12]



Few receive treatment even after diagnosis.

56.7%

have been told by an HCP that it cannot be treated[12]

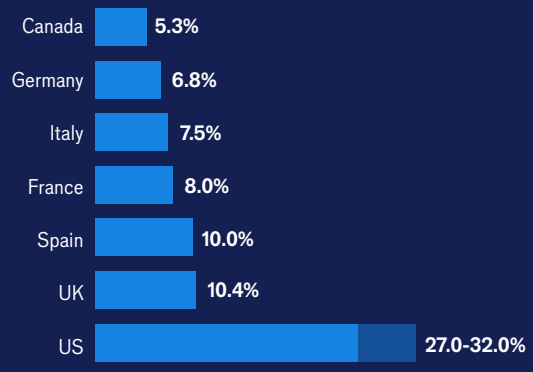


People are not being actively treated

In Europe **16.9%** were not receiving treatment[6]

In the US **13.4%** of patients with severe disease were not receiving treatment.[16]

Some people never receive treatment:[6,17,18]



This lack of access is in part driven by **one in four** HCPs globally reporting that they did not believe an effective treatment for vitiligo exists[12]



What about those who do receive treatment?

4 in 5

people with vitiligo in Europe have tried multiple treatment types in search of an effective treatment.[6]



44.6%

of people with vitiligo worldwide say they have given up on finding an effective treatment.[12]



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The socioeconomic toll

Vitiligo leads to significant costs for the individual, including average vitiligo-specific healthcare costs of around US$3.5k per year and nearly double the overall healthcare spending of people without vitiligo (US$15.5k compared to US$7.8k).[19,20] Similarly, in Canada, the healthcare costs of people with vitiligo are around double those of people without the condition.[17]

But healthcare costs are not the only expenses. People with vitiligo frequently spend their own money on non-prescription necessities, including high-SPF sunscreens and UV-blocking clothing to protect their depigmented skin, specialised cosmetic camouflage, and transportation for frequent clinic visits.[8] These non-drug costs add up over time, with one Italian study reporting costs to an individual with moderate to severe vitiligo of around €789 (US$900) per year.[8,21] The same study estimated the annual social cost of vitiligo in Italy at around €500m (US$570m), with people with vitiligo personally bearing 55% of the total economic burden, compared to 18% covered by the country's National Health Service and 27% by society.[21]

The financial reality for patients, who often face thousands in annual expenses for essential care, shows that vitiligo is not a cosmetic concern—it's an economic barrier to health.

From guidelines to practice: meeting the holistic needs of people with vitiligo

Guidelines for diagnosing and addressing vitiligo in key geographies

Evidence-based guidelines for vitiligo exist around the world, but patient experiences indicate that guidelines are not always followed. Building HCP and health system awareness of the realities of vitiligo and its evidence-based management is key to addressing patient needs.

To address the holistic needs of people with vitiligo...

The International Vitiligo Task Force recommendations include:[22,23]

- **Early diagnosis and prompt intervention**
- **Shared decision-making** to understand patient preferences and goals
- **Decision-making support** for patients
- **Routine autoimmune screening** for comorbid autoimmune conditions
- **Quality of life assessment** to understand the patient-specific burden of the condition
- **Supportive care**, including psychological support, sun safety, camouflage instruction and connection with patient advocacy organisations or support groups.

AMERICAS

In Canada, the 2025 Canadian Consensus Guidelines recommendations include:

- **Quality of life assessment** to understand the patient-specific burden of the condition
- **Increased access to treatments** to reduce disease burden[25]

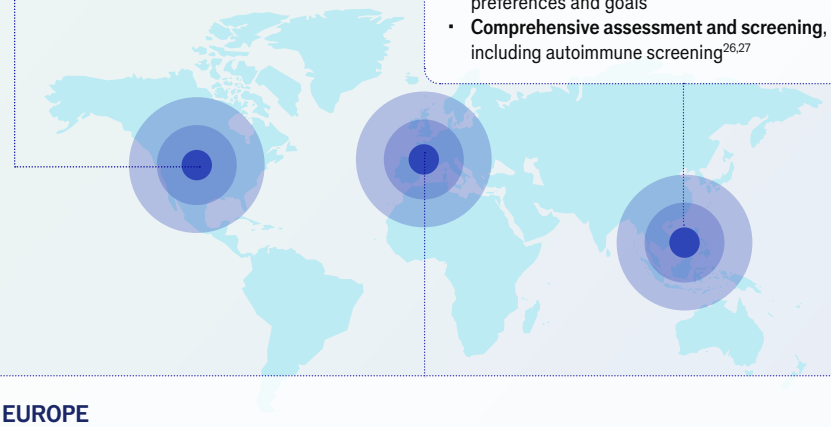
ASIA

In China, the 2021 Consensus on the Diagnosis and Treatment recommendations include:

- **Early diagnosis and prompt intervention**[14]

In Japan, the 2025 Guidelines for Diagnosis and Treatment recommendations include:

- **Shared decision-making** to understand patient preferences and goals
- **Comprehensive assessment and screening**, including autoimmune screening[26,27]



EUROPE

In the UK, the British Association of Dermatologists recommendations include:

- **Early diagnosis and prompt intervention**
- **Comprehensive assessment and screening**, including disease assessment, psychosocial impact, quality of life and thyroid function
- **Supportive care**, including psychological support and sun protection[2]

In the EU, the European Dermatology Forum mentions:

- **Pre-treatment and routine autoimmune screening** for comorbid conditions such as thyroid disease
- **Supportive care,** including psychological support and access to cosmetic camouflage instructors[24]

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As of September 2026, Pfizer has no FDA- or EMA-approved treatments for vitiligo.

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