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Evaluating the Quality of TikTok Videos on Vitiligo: A Cross-Sectional Study

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ABSTRACT

Introduction: Vitiligo, an autoimmune disorder causing skin depigmentation, significantly impacts quality of life. With over 1 billion users, TikTok has become a major platform for health information dissemination. However, its engagement-driven algorithm raises concerns about misinformation. This study evaluates the accuracy of the most-liked vitiligo-related TikTok videos and examines the platform's role in health education.

Methods: We retrieved TikTok videos using "#Vitiligo" and analyzed the first 100 videos that met inclusion criteria. Videos were categorized into healthcare providers (HP) and non-healthcare providers (NHP). Content characteristics and engagement metrics were extracted. Three independent reviewers assessed quality using multiple assessment tools—Patient Education Materials Assessment Tool (PEMAT), modified DISCERN (mDISCERN), Video Information and Quality Index (VIQI), and Global Quality Score (GQS). A novel tool, V-TRACE, was developed to evaluate (1) clinical aspects (pathophysiology, clinical presentation, treatment, and autoimmune comorbidities) and (2) social aspects (body image and representation of people of color).

Results: Of 100 videos analyzed, 25% were from HP, demonstrating significantly higher quality across all metrics. HP videos focused on education (96% vs. 20%, $p < 0.01$) and scored higher on mDISCERN (2.66 vs. 1.66, $p < 0.01$), GQS (2.66 vs. 1.6, $p < 0.01$), and VIQI (12.33 vs. 10.00, $p < 0.01$). NHP produced 75% of videos, received higher engagement ($p = 0.04$), and had a more positive tone (30.7% vs. 12%, $p = 0.05$).

Conclusion: Vitiligo-related TikTok content lacks reliability. HPs produce higher-quality content, while NHPs dominate engagement and potentially spread misinformation. There is a need for more evidence-based, engaging content to improve patient education on the platform.

1 | Introduction

Vitiligo is an immune-mediated skin condition characterized by the loss of melanocytes in the epidermis, resulting in depigmented patches on the skin [1, 2]. The exact etiology remains unclear, and a wide variety of clinical manifestations may develop at any age [2, 3]. Worldwide, vitiligo is estimated to affect 0.2–2% of the general population, with up to 2.16% of pediatric and adolescent patients impacted [1, 3]. Often perceived as a cosmetic issue, vitiligo can impact several aspects of life, including physical, economical, educational, and psychological, making public education and access to accurate information vital [4, 5]. Its effect on quality of life (QoL) is particularly seen in females, individuals with darker skin complexions, and South Asians

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[6]. In recent years, social media platforms like TikTok have become a primary source of quick, visually engaging information, particularly for the adolescent demographic, with over 1.1 billion global consumers [7, 8]. TikTok has evolved into a space where users seek information on various subjects, including medical-related content on subjects like vitiligo [6, 9]. One in five Americans consults TikTok before consulting a healthcare provider (HP) [9]. This shift raises concerns, as TikTok content is often created by non-healthcare providers (NHPs) and prioritized for engagement rather than accuracy [6, 10, 11]. In an era where misinformation spreads rapidly, this study aims to critically assess the characteristics, quality, and accuracy of the top 100 most-liked vitiligo-related videos on the platform. Our main goal is to improve patient education, promote active involvement of HPs on social media, and ensure the distribution of accurate, evidence-based information to counteract misleading content.

2 | Methods

A descriptive cross-sectional study was conducted to evaluate the quality and accuracy of vitiligo-related content on TikTok's social platform. To reduce algorithmic bias, a new account was created for this study. Content was retrieved according to a predefined hashtag in TikTok's search bar: #vitiligo. Hashtags #autoimmune and #depigmentation were excluded, as they are not exclusively associated with this specific disease. Videos were filtered by "most liked" category, and a total of 398 videos were reviewed. From these, the first 100 videos that matched the inclusion criteria were selected for analysis (Figure 1).

The videos were divided into two creator groups—HP and NHP and—were assessed by three independent raters at the same time using standardized, validated tools. Videos that lacked audio, were in non-English languages, featured unrelated material, or were duplicates were excluded from the study.

2.1 | Video Characteristics

We categorized the selected videos into three groups: educational, promotional, and storytelling, and recorded the sex of the content creator for each video.

The creator's profile was classified as either HP (certified dermatologist or other healthcare provider) or NHP (patient, social influencer), and their follower count was recorded. Key data points for each video were manually extracted, including duration, description, tone (positive, negative, or neutral), purpose, upload date, and user engagement metrics such as comments, likes, and shares.

2.2 | Assessment Tools

We utilized the Patient Education Materials Assessment Tool for Audiovisual Content (PEMAT A/V), which contains seventeen sections that evaluate understandability and actionability of the content by rating it on a binary scale. A higher total score indicates high understandability, with a score below 70% (sum < 12) considered poorly understandable or actionable.
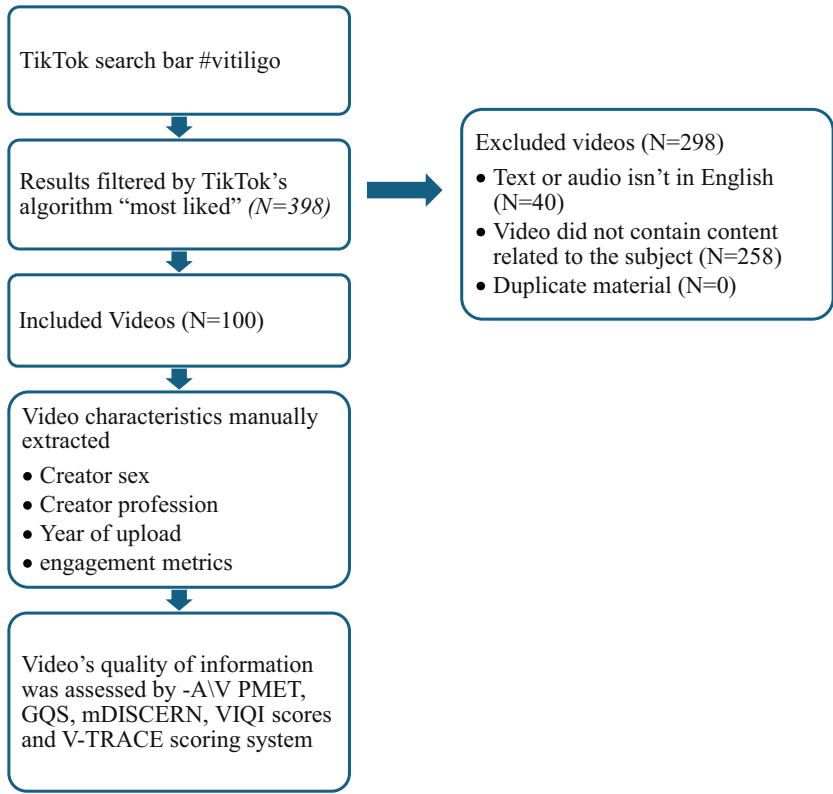

FIGURE 1 | Flowchart of study design and video analysis process. Flowchart displaying the methodology of video selection and evaluation in this cross-sectional analysis.

The Modified DISCERN (mDISCERN) tool was used to assess the quality and comprehensiveness of the information presented in the video. This tool comprises five sections, each assessed on a binary scale (yes/no), with 1 point awarded for a "yes" response and 0 points for a "no" response. The sections assessed include: (1) The video is clear; (2) Sources of information used are reliable; (3) Information is balanced and unbiased; (4) Additional sources of information are listed; (5) Areas of uncertainty are mentioned. A score above three indicates greater reliability. The Global Quality Scale (GQS) was used to evaluate overall quality, flow, and utility of the video. GQS rates videos on a scale ranging from one to five, where higher scores indicate higher quality of content.

Video Information and Quality Index (VIQI) was used to evaluate specific metrics such as flow, accuracy, and depth of content. For this study, we developed a unique tool, termed "V-TRACE" (Vitiligo, Treatment, Representation, Autoimmune, Clinical, Evaluation), to comprehensively evaluate key aspects of vitiligo in video content. The parameters we focused on fell into two main categories: (1) clinical and medical aspects, including pathophysiology, clinical presentation, treatment, and the diagnosis of other autoimmune diseases; and (2) social and cultural aspects, including body image and the representation of people of color. The tool uses a binary score, "1" is given if a criterion is mentioned in the video, and a score of "0" if not.

3 | Statistical Analysis

Categorical data were expressed as percentages, while continuous data were described using either mean and standard deviation (SD) or median and interquartile range (IQR), depending on the data distribution. The Chi-square test or Fisher's exact test was applied to compare categorical variables. For continuous variables, comparisons were made using either the student's t-test or the Mann–Whitney U test, as appropriate. A p-value of less than 0.05 was considered statistically significant. Data analysis was conducted using IBM SPSS Statistics, version 28 (IBM Corp., Armonk, NY).

4 | Results

During the study period, 100 videos met the inclusion criteria, with 25% created by HP and 75% by NHP.

4.1 | Videographic Characteristics and Engagement Metrics

NHP videos received more comments (median 5 vs. 3, $p = 0.04$) and had a more positive tone compared to HP (30.7% vs. 12%, P-0.05), whereas HP maintained a neutral tone (84% vs. 57.3%) and were primarily educational in character (96% vs. 20%) (Table 1).

Moreover, a significantly higher proportion of female speakers was observed in the NHP group compared to the HP group (82.7% VS 44.0%, $p = 0.01$). In contrast, HP videos showed an almost equal distribution of male and female speakers (52.0% VS 44.0%) (Table 1).

4.2 | Quality Assessment Metrics

HP videos scored significantly higher on all quality metrics, including mDISCERN (2.66 vs. 1.66, $p < 0.01$), The General Quality

TABLE 1 | Videographic characteristics and engagement metrics.

Criteria	Descriptive statistics	Total videos (N = 100)	Non healthcare providers (NHP), (N = 75)	Healthcare providers (HP), (N = 25)	p
Length (S)	Median, IQR	50.5 (25.0–97.5)	53.0 (24.0–108.0)	43.0 (27.5–63.5)	0.43
Comments	Median, IQR	0.05 (0.02–0.13)	0.05 (0.02–0.16)	0.03 (0.00–0.08)	**0.04**.
Likes (K)	Median, IQR	0.97 (0.24–4.55)	1.11 (0.30–10.70)	0.51 (0.11–2.34)	0.09
Shares	Median, IQR	0.04 (0.00–0.17)	0.04 (0.00–0.20)	0.04 (0.00–0.11)	0.55
Followers (K)	Median, IQR	26.0 (2.54–139.0)	32.0 (1.68–139.0)	26.0 (9.7–160.0)	0.98
Dominant speaker	Female	73 (73.0%)	62 (82.7%)	11 (44.0%)	**0.01**
	Male	25 (25.0%)	12 (16.0%)	13 (52.0%)	
	Female and male	2 (2.0%)	1 (1.3%)	1 (4.0%)	**< 0.01**
Purpose	Educational	39 (39.0%)	15 (20.0%)	24 (96.0%)	
	Aesthetics	32 (35.0%)	32 (42.7%)	0. (0.0%)	
	Other (promotional, story telling)	29 (29.0%)	28 (37.3%)	1 (4.0%)	
Tone of video	Positive	26 (26.0%)	23 (30.7%)	3 (12.0%)	**0.05**
	Negative	10 (10.0%)	9 (12.0%)	1 (4.0%)	
	Natural	64 (64.0%)	43 (57.3%)	21 (84.0%)	

Note: The bold values indicate statistically significant results at a threshold of $P < 0.05$.

Score (GQS) (2.66 [IQR:2.66–3.66] vs. 1.6 [IQR: 1.33–2.33], $p < 0.01$). The Video Information Quality Index (VIQI) score consistently favored HP videos across three major subgroups, when the total VIQI score was also significantly higher for HP videos (12.33 (IQR: 10.83–14.66) vs. 10.00 (IQR:8.00–12.33), $p < 0.01$) and the PEMAT A/V scores for understandability (8.66 [IQR: 7.00–9.66] vs. 6.33 [IQR: 5.00–7.33], $p < 0.01$) and action-ability (1.00 [IQR: 0.33–2.16] vs. 0.33 [IQR: 0.00–7.66], $p < 0.01$).

A high-quality threshold (≥ 8.25) was met by 60% of HP videos, compared to 13.3% of NHP videos ($p < 0.01$). Of the videos reviewed, only 13% scored three or higher on the mDISCERN scale, with the majority (44%) created by HP compared to just (2.7%) by NHP ($p < 0.01$) (Tables 2–4).

4.3 | V-TRACE Score Analysis

The median V-TRACE score was 2.33 [IQR:1.66–3.33], with HP videos having a higher median score (3 [IQR: 1.83–3.33] vs. 2.33 [IQR:1.66–3.00], $p = 0.20$). Although a higher proportion of HP videos had V-TRACE scores ≥ 3 compared to NHP videos (52% vs. 38.7%), this difference did not reach statistical

significance ($p = 0.24$). However, HP videos scored significantly higher in specific clinical domains of the V-TRACE tool, particularly in pathophysiology (1.00 [IQR: 0.00–1.00] vs. 0.00 [IQR: 0.00–0.33], $p < 0.01$) and treatment (1.00 [IQR: 0.16–1.00] vs. 0.00 [IQR: 0.00–1.00], $p < 0.01$). In contrast, NHP videos placed greater emphasis on body image, scoring significantly higher in that domain (0.66 [IQR: 0.00–1.00] vs. 0.00 [IQR: 0.00–0.83], $p = 0.01$).

4.4 | Relationship Between V-TRACE Score and Other Metrics

Videos with a V-TRACE ≥ 3 showed significantly higher quality scores across mDISCERN (2.00 [IQR:1.59–2.67] vs. 1.66 [IQR:1.00–2.33], $p < 0.01$), GQS (2.33 [IQR:1.33–3.33] vs. 1.66 [IQR:1.33–2.66], $p < 0.01$) and total VIQI score (11.83 [IQR:10.00–13.33] vs. 9.50 [IQR:7.42–12.33], $p < 0.01$). Engagement metrics such as likes, shares, and follower count did not significantly differ between the groups. When comparing and analyzing videos that received a V-TRACE ≥ 3 versus those gaining a score below three, the latter gained higher engagement in terms of views (11,200 [IQR: 2300–27,400] vs. 3760 [IQR: 1450–8820]),

TABLE 2 | Quality assessment tools; mDISCERN, GQS, VIQI, and PEMAT A/V.

Quality assessment tool	Descriptive statistics	Total videos (N=100)	NHP (N=75)	HP (N=25)	p
mDISCERN Score	Median	1.66	1.66	2.66	**< 0.01**
	IQR	(1.33–2.33)	(1.00–2.00)	(2.50–3.00)	
mDISCERN Score ≥ 3	N (%)	13 (13.0%)	2 (2.7%)	11 (44.0%)	**< 0.01**
GQS Score	Median	2.00	1.66	2.66	**< 0.01**
	IQR	(1.33–2.67)	(1.33–2.33)	(2.66–3.66)	
GQS Score ≥ 3	N (%)	17 (17%)	5 (6.7%)	12 (48%)	**< 0.01**
VIQI1	Median	3.33	3.33	4.00	**< 0.01**
	IQR	(2.75–4.00)	(2.67–4.00)	(3.16–4.50)	
VIQI2	Median	3.67	3.33	4.33	**< 0.01**
	IQR	(2.33–4.25)	(2.33–4.00)	(3.66–4.66)	
VIQI3	Median	0.67	0.33	1.00	**< 0.01**
	IQR	(0.33–1.33)	(0.00–1.00)	(0.83–2.00)	
VIQI4	Median	3.33	3.00	3.33	0.47
	IQR	(2.33–4.00)	(2.33–4.00)	(2.00–4.00)	
SUMVIQI	Median	10.67	10.00	12.33	**< 0.01**
	IQR	(8.75–12.67)	(8.00–12.33)	(10.83–14.66)	
PEMAT A/V Understandability	Median	7.00	6.33	8.66	**< 0.01**
	IQR	(5.66–8.00)	(5.00–7.33)	(7.00–9.66)	
PEMAT A/V Actionability	Median	0.33	0.33	1.00	**< 0.01**
	IQR	(0.00–1.00)	(0.00–0.67)	(0.33–2.16)	
PEMAT SUM	Median	7.00	6.67	9.33	**< 0.01**
	IQR	(5.66–8.25)	(5.33–7.66)	(7.5–9.83)	
PMAT ≥ 8.25 (75% PERCENTILE)	N (%)	25 (25.0%)	10 (13.3%)	15 (60.0%)	**< 0.01**

Note: The bold values indicate statistically significant results at a threshold of $P < 0.05$.

TABLE 3 | Novel vitiligo assessment score system (V-TRACE).

Criteria	Descriptive statistics	Total videos (N = 100)	NHP (N = 75)	HP (N = 25)	p
Pathophysiology and Mechanism of the disease	N (%)	0.00 (0.00–0.00)	0.00 (0.00–0.33)	1.00 (0.00–1.00)	**< 0.01**
Clinical Presentation	N (%)	1.00 (0.66–1.00)	1.00 (0.66–1.00)	1.00 (0.33–1.00)	0.30
Treatment	N (%)	0.00 (0.00–1.00)	0.00 (0.00–1.00)	1.00 (0.16–1.00)	**< 0.01**
Body image	N (%)	0.33 (0.00–1.00)	0.66 (0.00–1.00)	0.00 (0.0–0.83)	**0.01**
Skin of color representation	N (%)	0.16 (0.00–1.00)	0.00 (0.00–1.00)	0.33 (0.0–0.50)	0.82
Autoimmune representation	N (%)	0.00 (0.00–0.00)	0.00 (0.00–0.00)	0.00 (0.00–0.00)	0.40
SUMPTPAT	Median	2.33	2.33	3.00	0.20
	IQR	(1.66–3.33)	(1.66–3.00)	(1.83–3.33)	
SUM >= 3	N (%)	42 (42.0%)	29 (38.7%)	13 (52.0%)	0.24

Note: The bold values indicate statistically significant results at a threshold of $P < 0.05$.

TABLE 4 | Relation between engagement metrics and sum of V-TRACE score.

Criteria	Descriptive statistics	SUM < 3	SUM ≥ 3	p
Shares (K)	Median	0.51	0.02	0.21
	IQR	(0.01–1.89)	(0.01–1.30)	
Likes	Median	1.19	0.65	0.38
	IQR	(0.25–11.00)	(0.23–4.18)	
Followers (K)	Median	26.0	29.00	0.51
	IQR	(0.81–139.0)	(4.54–184.00)	
mDISCERN Score	Median	1.66	2.00	**< 0.01**
	IQR	(1.00–2.33)	(1.59–2.67)	
GQS Score	Median	1.66	2.33	**< 0.01**
	IQR	(1.33–2.66)	(1.66–3.33)	
SUMVIQI	Median	9.50	11.83	**< 0.01**
	IQR	(7.42–12.33)	(10.00–13.33)	
PEMAT SUM	Median	7.00	7.33	**0.02**
	IQR	(5.16–8.00)	(6.25–9.33)	

Note: The bold values indicate statistically significant results at a threshold of $P < 0.05$.

likes (106 [IQR: 25–449] vs. 53 [IQR:22–114]), and shares (7 [IQR: 1–20] vs. 5 [IQR:0.5–9]).

5 | Discussion

As a rapidly evolving platform, TikTok has revolutionized information accessibility. However, its unregulated nature raises concerns regarding the reliability and quality of content. Evaluating the accuracy of this information is relevant in an era where digital platforms influence public health perceptions, particularly regarding conditions like vitiligo, which has a profound impact on the quality of life of those affected.

Using validated assessment tools such as PEMAT A/V, mDISCERN, VIQI, GQS, and our novel tool V-TRACE, we found a strong discrepancy between engagement and quality of information. HPs produced higher quality content across all quality assessment metrics, as reflected by higher mDISCERN, GQS, and VIQI scores.

However, in terms of engagement and popularity, HP content consistently received fewer likes, comments, and shares compared to NHP videos. This difference may be attributed to the differing primary objectives of the content. NHP videos often prioritize entertainment and incorporate anecdotal experiences, humor, and emotionally arousing personal

stories—factors that encourage stronger viewer engagement [12] In contrast, HP content tends to prioritize education, which may be perceived as more didactic and less engaging for a general audience. Recognizing this trend is important, as lower engagement with HP content despite its higher educational value highlights an opportunity for improvement. By identifying and adapting effective engagement strategies commonly used in NHP videos, such as adopting a more positive tone, healthcare professionals can enhance the impact of their content. These findings emphasize a key challenge in digital health communication: mitigating the gap between engagement and accuracy to ensure high-quality medical information and emphasizing why collaboration between the groups could make better content quality. Moreover, the V-TRACE score further illustrates these trends. HP videos demonstrated a higher median V-TRACE score, particularly in domains related to pathophysiology and treatment. While the difference in the proportion of videos scoring ≥ 3 on V-TRACE between HP and NHP groups did not reach statistical significance ($p = 0.24$), it may suggest a directional trend worth exploring in larger or more powered studies. In contrast, NHP videos placed more emphasis on social aspects such as body image and emotional experiences. We found a significantly higher proportion of female speakers in the NHP group, while HP videos showed an almost equal gender distribution of speakers. This imbalance may be explained by the greater psychosocial burden of vitiligo on women impacting self-esteem and quality of life, which could encourage them to share their personal experiences [6]. Additionally, TikTok's predominantly female user base may further contribute to the overrepresentation of female voices among non-health professionals [13].

Notably, videos with higher V-TRACE scores performed better across other quality metrics, such as mDISCERN, GQS, and VIQI. However, they did not correlate with higher engagement metrics such as comments, likes, and shares. This supports the idea that social media health content is driven less by a scientific ideal and more by its ability to engage and connect with viewers on a personal level.

This pattern is not unique to vitiligo but rather reflects a broader phenomenon on TikTok. A study of acne-related TikTok videos found that only 10% were supported by high-certainty evidence, with similar patterns observed in the evaluation of psoriasis-related content [14, 15]. This pattern extends beyond dermatology, as ophthalmologic and hysteroscopic content produced by non-health professionals demonstrated lower scientific credibility, even though ophthalmologic content by non-health professionals tended to be more popular [16]. These studies show a pattern of NHP content receiving high levels of engagement, which often overshadows accurate, evidence-based content. This amplifies the need for improved HP and evidence-based content. By making HP content more engaging and accessible, we can bridge the gap, reduce misinformation, and help people access care that is effective and safe.

To our knowledge, this is the first comprehensive study with multiple assessment tools to evaluate vitiligo-related educational content on TikTok. Moreover, we have developed a novel tool to assess the quality and accuracy of the videos and used it alongside multiple validated assessment tools to ensure a holistic evaluation and understanding of the content quality presented on the platform. However, this study has certain limitations. We employed three independent reviewers to minimize bias; however, we acknowledge that the potential for reviewer bias remains. Our analysis focused on the "most liked" videos at a single point in time to better understand the quality of content that users are actively viewing and engaging with. However, this approach may not fully capture the entire spectrum of available content, as it excludes less popular videos and does not account for changes over time. It is important to recognize that TikTok is a rapidly evolving platform with a dynamic interface, where new content is uploaded daily and trending topics and creators shift frequently. Longitudinal research that tracks changes in content quality over time could provide deeper insights into digital health communication in dermatology and other fields. We recognize the potential reviewer and temporal bias, as we analyzed only top-liked videos at a single time point. Random, stratified, or longitudinal sampling may better capture TikTok's dynamic and diverse landscape. Moreover, we had an English language-only cohort, which limited the geographic and linguistic diversity of the sample and may have introduced geographic and cultural bias. This study is cross-sectional in nature and does not account for the evolving and dynamic nature of social media platforms. The video assessment is reviewer-dependent and subject to subjective interpretation. To mitigate this, we incorporated three independent reviewers—more than typically used in similar studies. Additionally, the V-TRACE tool developed for this study has not yet undergone formal psychometric validation or pilot testing. While it was constructed through expert consensus to address both clinical and social dimensions of vitiligo content, further research is needed to establish its validity and reliability. Future studies should aim to refine and validate the tool across broader samples and dermatological conditions.

6 | Conclusion

Vitiligo profoundly impacts quality of life, making access to evidence-based medical information essential. In today's digital era, with TikTok's arising as a source of medical information, concerns about content accuracy emerge. This study highlights the need for HPs to create high-quality, evidence-based, and engaging medical content tailored to platforms like TikTok. High-quality content that reaches the desired audience can play a key role in providing education to people with vitiligo and curb the spread of misinformation and potentially harmful treatments. With appropriate digital engagement, patients can be aided to achieve effective and safe care.

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