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Cross-sectional evaluation of TikTok video quality on alopecia areata

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Contributions: Hilla Rosenberg: writing – original draft, writing – review & editing, formal analysis; Chaya Bracha Gordon: visualization, writing – review & editing; Yael Hollander: investigation, visualization; Reut Rotem: data curation, formal analysis; Amir Horev: project administration, writing – review & editing, supervision, methodology, validation, visualization. All authors read and approved the final manuscript.

Ethics approval and consent to participate: the requirement for informed consent was waived by the local Ethics Committee of the Soroka University Medical Center (Beer-Sheva, Israel) since the data were publicly accessible on social media and no identifiable information is included in the report.

Availability of data and materials: all data are available upon request from the authors.

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Abstract

Alopecia areata (AA) is an autoimmune condition that results in hair loss, significantly impacting quality of life. As TikTok emerges as a major platform for health-related information, concerns about misinformation spread have arisen. This cross-sectional study aims to evaluate the quality, reliability, and understandability of “most liked” AA-related TikTok videos. Videos were categorized as healthcare providers (HP) or non-healthcare providers (NHP). Two reviewers independently assessed the videos, using validated tools – Patient Education Materials Assessment Tool for audiovisual content (PEMAT A/V), modified DISCERN (mDISCERN), Video Information and Quality Index (VIQI), Global Quality Scale (GQS), and AloCheck, a study-specific content-coverage tool. Among 93 included videos, only 26% were created by HPs, who scored significantly higher across all quality metrics: mDISCERN (3.0 vs. 1.5, $p<0.01$), GQS (3.5 vs. 1.5, $p<0.01$), VIQI (13.75 vs. 11.0, $p<0.01$), and PEMAT A/V (≥ 10 : 66.7% vs. 26.1%, $p<0.01$). HPs focused on clinical aspects (87.5% vs. 40.6%, $p<0.01$), whereas NHPs emphasized psychological aspects, such as body image (37.5% vs. 63.8%, $p=0.02$). Findings reveal a gap between quality and user engagement, highlighting the risk that lower-quality information reaches a wide audience. Bridging this gap is essential to support the delivery of high-quality, reliable, and engaging health information to the public.

Introduction

Alopecia areata (AA) is an inflammatory, nonscarring type of hair loss in which cytotoxic CD8⁺NKG2D⁺ and T helper (Th)17 cells target exposed follicle autoantigens in bulge and hair bulb matrix stem cells.¹ Up to 2% of the world’s population experience AA in their lifetime, with higher prevalence in children than adults.^{2,3} It is estimated that up to nearly half of patients experience their first episode of hair loss by the age of 20, and 20% of all cases occur during infancy.⁴ The etiology of the specific trigger remains unclear, and the disease has a spectrum of clinical presentations, including AA, alopecia totalis (total scalp hair loss), and alopecia universalis (total body hair loss, including eyebrows and eyelashes).⁵ Quality of life can be affected in individuals with AA, who often face increased bullying, social isolation, and higher rates of depression and anxiety, which can improve with appropriate treatment.^{3,6-9} Given the significant burden associated with AA and the fact that many patients fall within TikTok’s primary demographic, individuals with AA often turn to social media for information and support. TikTok is a platform with over 1.1 billion users, with a primary user base of adolescents, and has evolved beyond its original focus on entertainment to include a growing body of health-related content.¹⁰⁻¹⁵ However, the quality and reliability of the content vary widely, posing a risk of misinformation with associated public health implications.¹⁵ In comparison to other platforms, such as Bilibili and YouTube, TikTok has been seen to score lower across multiple evaluation tools

in assessments of video quality, for example, in relation to gastrointestinal bleeding education.¹⁶ There has been minimal research on the quality of AA content on social media, although there is substantial research focusing on the treatment, epidemiology, and pathophysiology of AA.^{17,18} In this analysis, we aim to evaluate the quality and reliability of TikTok videos related to AA with the goal of determining the reliability of this content for patient education.

Materials and Methods

A descriptive cross-sectional study was conducted to evaluate the quality and reliability of AA-related content on TikTok. To minimize algorithmic bias, a new account was created for the purpose of the study. Videos were retrieved according to predefined hashtags, #AlopeciaAreata and #AlopeciaAreataDermatology, and filtered by the “most liked” criterion, and a total of 178 videos were reviewed. From these, the first 93 videos that matched the inclusion criteria were selected (Figure 1). Exclusion criteria included non-English languages, lack of audio, content not related to AA, or duplication. Videos were categorized by i) content type – educational, promotional, or storytelling, and ii) creator type – healthcare provider (HP), including certified dermatologists and other medical professionals, or non-healthcare provider (NHP), such as patients and influencers. Two independent reviewers assessed the videos using standardized, validated, and novel assessment tools.

The requirement for informed consent was waived by the local Ethics Committee of the Soroka University Medical Center (Beer-Sheva, Israel) since the data were publicly accessible on social media and no identifiable information was included in the report.

All independent reviewers who participated in the study provided informed verbal consent *via* video chat prior to their involvement. This study adhered to the Terms and Conditions for data access and use of TikTok. Only publicly available content was analyzed.

Video characteristics

For each video, we recorded key metrics, including follower count, duration, upload date, tone (positive, negative, or neutral), purpose, and engagement metrics such as comments, likes, and shares.

Assessment tools

We utilized the Patient Education Materials Assessment Tool for audiovisual content (PEMAT A/V), which contains 17 sections to evaluate the understandability and actionability of the content by rating it on a binary scale. A higher total score indicates high understandability, with a score below 75% (total score <10) considered poorly understandable or actionable.

The modified DISCERN (mDISCERN) tool was used to assess the quality and comprehensiveness of the information presented in the video. The 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 >3 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 1 to 5, where higher scores indicate higher quality of content.

The Video Information and Quality Index (VIQI) tool was used to evaluate specific metrics such as understandability, flow, and depth of content. For this study, we developed AloCheck, a study-specific exploratory content-coverage tool, to characterize the extent to which selected clinical and psychosocial AA-related domains were addressed in each video. The parameters we focused on fell into two main categories: i) clinical aspects, including pathophysiology, clinical presentation, and treatment; and ii) psychological aspects, including body image. The tool uses a binary score. A score of 1 was given when a domain was mentioned and a score of 0 when it was not. The resulting score reflects the extent of content coverage of the selected domains (Figure 2).

Statistical analysis

Categorical data were expressed as percentages, while continuous data were described using either mean and standard deviation 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). Agreement between the two reviewers (inter-rater reliability) was evaluated using Cohen’s κ coefficient for each coded domain to quantify consistency beyond chance. κ values were interpreted according to Landis and Koch’s widely adopted thresholds: <0.20 = slight, $0.21-0.40$ = fair, $0.41-0.60$ = moderate, $0.61-0.80$ = substantial, and >0.80 = almost perfect agreement.¹⁹

Results

Videographic characteristics and engagement metrics

Of 178 videos reviewed, 93 videos met the inclusion criteria and were selected for analysis (Figure 1). From the videos that met the inclusion criteria, 26% ($n=24$) were created by HPs and 74% ($n=69$) were created by NHPs. The median duration of NHP videos was significantly longer than HP videos (52 vs.

32 seconds, $p<0.01$). NHP videos demonstrated higher median numbers of comments and likes ($p<0.01$, $p=0.05$). In terms of content, all HP videos were educational with a neutral tone, whereas NHP videos contained more personal anecdotes and a positive tone ($p<0.001$ and $p<0.01$, respectively) (Table 1).

Quality assessment metrics

Videos created by healthcare professionals scored significantly higher across all quality metrics. The median mDISCERN score was higher for healthcare professional videos than for non-healthcare professional videos (3.0 vs. 1.5, $p<0.01$). Furthermore, 70.8% of healthcare professional videos achieved an mDISCERN score ≥ 3 , compared with 7.2% of non-healthcare professional videos ($p<0.01$).

Similarly, GQS scores were significantly higher in HP videos (3.5 [IQR 3.00-4.00] vs. 1.5 [IQR 0.5-2.25], $p<0.01$), with 79.2% of HP videos scoring ≥ 3 compared with 14.5% of NHP videos ($p<0.01$). VIQI scores were also markedly higher across all subcategories in HP videos, with a higher total VIQI score (13.75 [IQR 13.0-15.0] vs. 11.0 [IQR 9.00-12.00], $p<0.01$). The PEMAT-A/V tool likewise demonstrated greater understandability and actionability in the HP group. Moreover, the proportion of videos achieving an overall PEMAT score ≥ 10 was significantly higher among HP videos (66.7% vs. 26.1%, $p<0.01$) (Table 2).

AloCheck content-coverage analysis

HPs were significantly more likely to address pathophysiology or mechanisms of disease compared to NHP videos (87.5% vs. 40.6%, $p<0.01$). NHP videos were more likely to address subjects concerning body image (63.8% vs. 37.5%, $p=0.02$). No significant differences were observed regarding addressing clinical presentation ($p=0.35$) or treatment ($p=0.25$) (Table 3).

Inter-rater reliability

Agreement between the two independent reviewers was high across all coded domains. The mean Cohen's κ was 0.55 with an average agreement rate of 74.1%, indicating moderate overall agreement between the two reviewers in coding the selected content domains.

Discussion

Originally designed for entertainment, TikTok quickly evolved into a platform for information exchange, including health-related topics.¹³ However, the lack of regulations raises concerns about the reliability and quality of content. NHP users or “skinfluencers” may disseminate health information

that varies in quality and reliability, potentially misleading viewers seeking guidance about the causes and management of AA. In today's digital era, being aware of the quality of information on social media platforms such as TikTok is crucial.

The platform has the power to shape public perceptions of disease. This is especially relevant for conditions like AA, which can have a profound and lasting psychosocial impact, particularly in younger individuals, highlighting the need for accurate and evidence-based content.⁷ To assess AA content on TikTok, we utilized several validated assessment tools, including PEMAT A/V, mDISCERN, VIQI, and GQS, along with AloCheck, an exploratory study-specific tool that characterized content coverage across selected clinical and psychosocial domains. Across all evaluation tools, HP videos consistently outperformed those by NHPs, with higher mDISCERN and GQS scores indicating greater reliability and content quality, and higher PEMAT A/V and VIQI scores reflecting better understandability, flow, and visual presentation. It is important to distinguish between the overall quality measures used in this study and an assessment of accuracy. While the findings demonstrate that HP-created videos scored higher in quality, reliability, and understandability, they do not determine whether individual medical claims were accurate or potentially misleading. Therefore, these results should be interpreted as reflecting differences in content quality, rather than as direct evidence of misinformation.

However, HP videos fell behind in engagement metrics compared to NHP videos, receiving fewer likes and comments, while content created by NHPs tended to be more popular among users. This gap suggests that while evidence-based content exists on the platform, it may not be effectively reaching users. This pattern is not unique to AA and has been observed across a range of medical conditions. Studies on acne-related content have demonstrated that TikTok content frequently lacks reliability and rarely incorporates evidence-based information.¹³ Similarly, more than half of TikTok videos related to psoriasis were rated as low quality yet often received higher engagement than higher-quality content produced by HPs.²⁰ Comparably, in the context of type 1 diabetes, content generated by non-health professionals was found to be of low reliability and quality, while approximately 50% of TikTok videos on attention-deficit/hyperactivity disorder were identified as misleading or inaccurate, particularly those created by NHPs.^{21,22}

This discrepancy, where content produced by HPs is consistently of higher quality but receives significantly less engagement than that from NHPs, raises important questions about the accessibility and reach of high-quality medical content on TikTok and its potential implications for patient education. Our analysis showed that HP content focused on clinical concepts and pathophysiology of AA, while NHP content focused on psychosocial topics such as body image or personal narratives. The average user on TikTok is typically not seeking in-depth medical explanations, but rather

gravitates to emotionally compelling, humorous, or relatable content, factors that encourage viewer engagement.²³ The observed quality-engagement gap may have important clinical and public health implications. Social media serves not only as a source of health information, but also as a space for disease normalization and sharing of personal treatment experiences.²⁴ This may be particularly relevant in AA, given its substantial psychological burden. Previous research suggests that social media-based health information may influence users' knowledge, awareness, attitudes, and health-related behaviors, including decisions to seek professional care.²⁵ Because highly engaging content may be more visible and more likely to be shared, users may be disproportionately exposed to personal narratives or videos with limited clinical context.

Although this cross-sectional study did not assess viewers' knowledge, attitudes, treatment decisions, or healthcare-seeking behavior, the findings highlight the need for prospective studies to examine how exposure to AA-related TikTok content may influence viewer-related outcomes. These findings support collaboration between healthcare professionals and non-healthcare content creators. Combining evidence-based clinical information with engaging audiovisual formats may improve the visibility and relevance of AA-related educational content on social media. Such approaches may help users access balanced information and encourage appropriate discussion with qualified healthcare professionals.

To our knowledge, this is the first comprehensive evaluation study of AA-related TikTok content using multiple complementary assessment tools. Alongside validated measures of information quality, reliability, understandability, and audiovisual presentation, we developed AloCheck to characterize the extent to which videos addressed AA-specific clinical and psychological domains. AloCheck captured four domains of relevance to AA – pathophysiology, clinical presentation, treatment, and body-image-related issues – thereby enabling a comparison of content across videos and creator types. Furthermore, all videos were independently coded by two reviewers, and inter-rater agreement was assessed using Cohen's κ . The mean Cohen's κ was 0.55, indicating moderate overall agreement in identifying the selected AA-related clinical and psychosocial content domains. This finding supports the consistency of the coding process in the present sample and the use of AloCheck as an exploratory framework for comparing content coverage across videos created by different creator groups. Although further validation of AloCheck is warranted, it provides a structured and reproducible framework for characterizing AA-specific content that is not captured fully by general video-assessment instruments.

However, this study presents certain limitations. We selected videos using the hashtags #AlopeciaAreata and #AlopeciaAreataDermatology, filtered by the “most liked” criterion to capture the most widely engaged content. We recognize the risk of potential selection bias, as our analysis

included only top-liked videos captured at a single time point to capture the content most actively viewed and engaged with by users. This approach may not fully represent the entire spectrum of available AA-related content, as it excludes less popular videos and does not account for changes over time, introducing temporal and selection biases. Employing random, stratified, or longitudinal sampling methods could better reflect TikTok's dynamic and diverse content 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. Additionally, the AloCheck tool developed for this study has not yet undergone formal psychometric validation or pilot testing. Although constructed through expert consensus to address both clinical and social dimensions of AA-related content, we acknowledge that additional research is required to confirm its validity and reliability. Future studies should aim to refine and validate the tool across broader samples and dermatological conditions to ensure its broader applicability and robustness in different contexts. Finally, although the validated assessment tools captured important aspects of video quality and reliability, these measures should be distinguished from an assessment of factual accuracy. Lower scores do not necessarily indicate misleading information, and higher scores do not ensure the accuracy of every statement within a video. Furthermore, higher engagement characterizes user interaction with the videos rather than their effect on viewers. Accordingly, our findings should be interpreted as differences in quality and reliability, rather than as a direct measure of misinformation on TikTok. Future research should systematically assess individual medical claims and evaluate how exposure to these videos impacts viewer-related outcomes, such as knowledge acquisition, health literacy, healthcare-seeking behavior, and clinical implications.

Conclusions

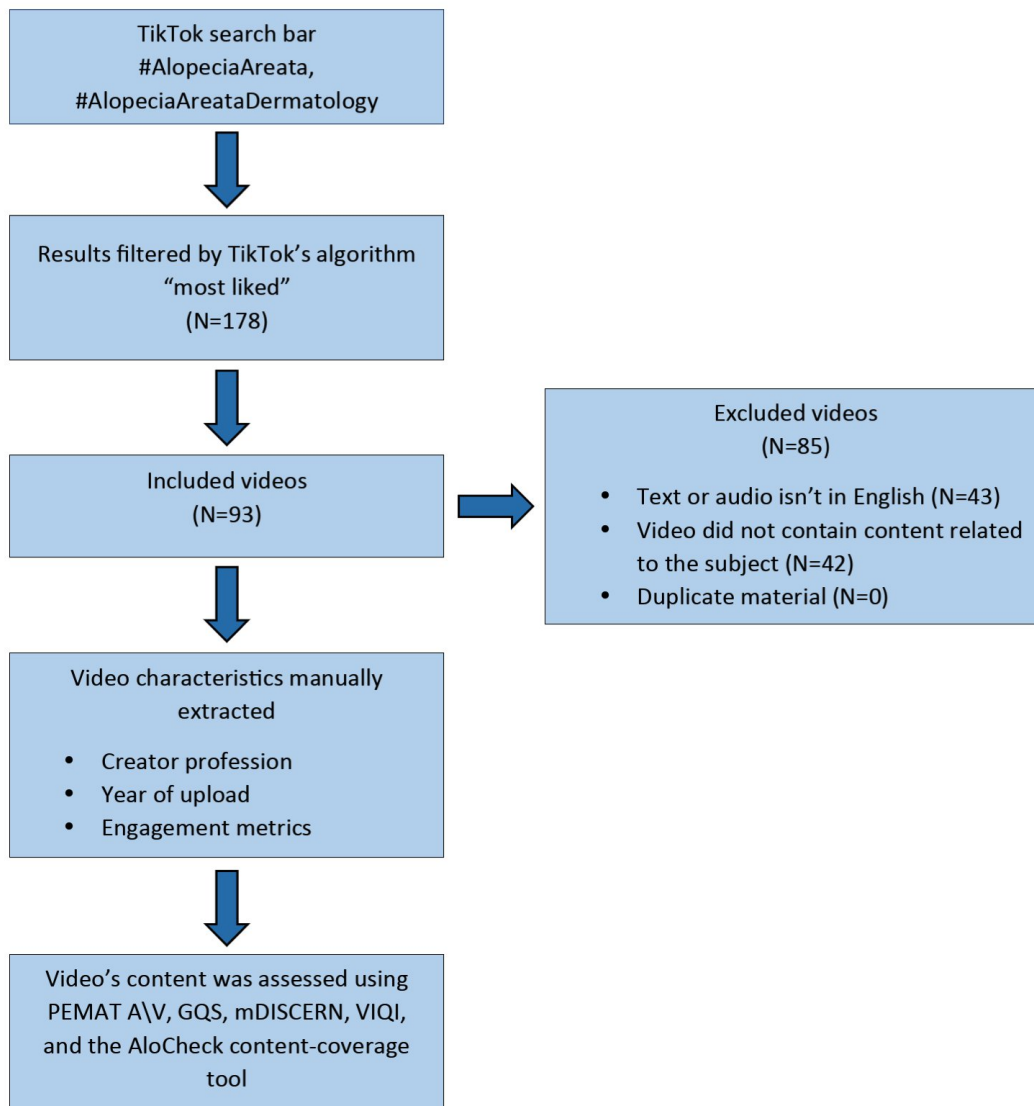
In today's digital era, TikTok plays a major role in shaping public health knowledge due to its broad accessibility and reach. However, due to the platform's unregulated nature, concerns about misinformation emerge. Recent literature has highlighted concerns regarding the need for greater oversight and regulation of health-related social media content. For instance, a recent study by Cassalia *et al.* emphasizes substantial concerns among dermatologists regarding misinformation, legal risks, and a lack of formal training in digital communication, underscoring a strong demand for official professional guidance.²⁶ Implementing clearer institutional guidelines and platform-level mechanisms could help healthcare professionals navigate these digital spaces safely and effectively. Combining this regulatory oversight with collaborative content creation between clinicians and NHPs may represent a promising approach to improving the accessibility and quality of health information on social media.

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Figure 1. Flowchart illustrating the study design and video analysis workflow, including the selection and evaluation procedures applied in this cross-sectional study.



PEMAT A/V, Patient Education Materials Assessment Tool for audiovisual content; GQS, Global Quality Scale; mDISCERN, modified DISCERN; VIQI, Video Information and Quality Index.

Figure 2. Flowchart illustrating the AloCheck application and the categorization of selected clinical and psychological domains related to AA using the exploratory content-coverage tool.

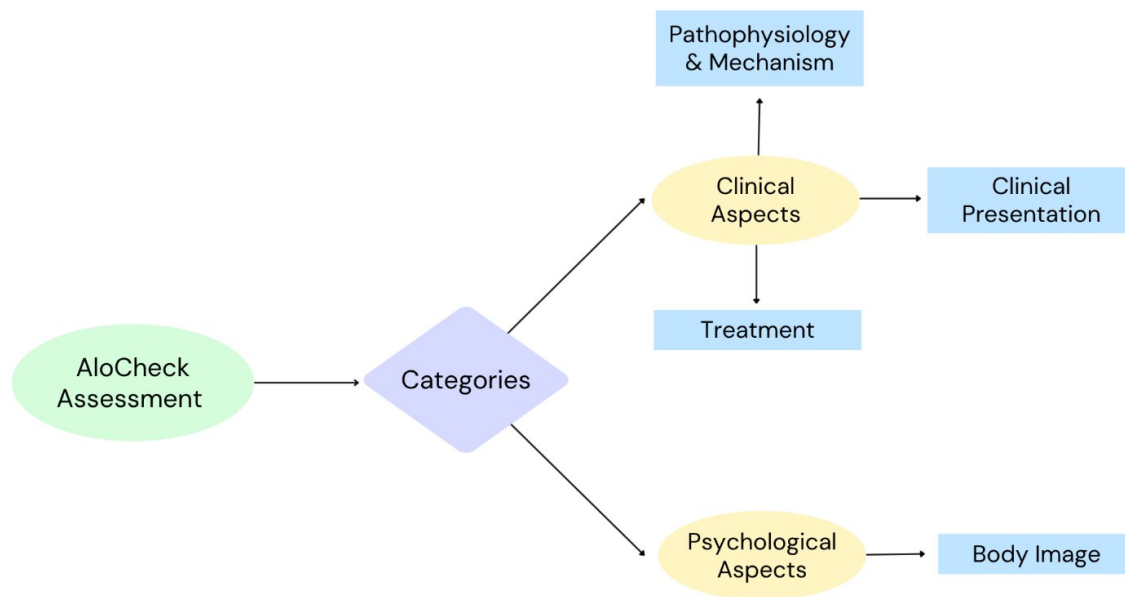


Table 1. Videographic characteristics and engagement metrics.

Criteria	Descriptive statistics	Total videos (N=93)	HP (N=24)	NHP (N=69)	p-value
Length (s)	Median, IQR	44.30 (24.45-82.45)	32.00 (20.00-44.00)	53.00 (27.00 -113.00)	<0.01
Comments	Median, IQR	0.05 (0.02-0.29)	0.02 (0.00-0.16)	0.08 (0.02-0.28)	<0.01
Likes (K)	Median, IQR	1.30 (0.27-14.70)	0.45 (0.14-6.28)	2.40 (0.40-16.80)	0.05
Shares	Median, IQR	0.10 (0.01-0.59)	0.08 (0.02-0.91)	0.10 (0.01-0.52)	0.98
Followers (K)	Median, IQR	56.10 (5.80-226.00)	144.60 (15.9-47.6)	47.6 (3.30-150.50)	0.02
Purpose, n (%)	Educational		24 (100.0)	28 (40.6)	<.001
	Other (promotional, storytelling)		0 (0.0)	41 (59.4)	
Tone of video, n (%)	Positive		0 (0.0)	28 (43.1)	<0.01
	Negative		0 (0.0)	7 (10.8)	
	Neutral		24 (100.0)	30 (46.2)	

HP, healthcare providers; NHP, non-healthcare providers; s, seconds; K, thousand; IQR, interquartile range.

Table 2. Quality assessment tools: mDISCERN, GQS, VIQI, and PEMAT A/V.

Quality assessment tool	Descriptive statistics	Total videos (N=93)	HP (N=24)	NHP (N=69)	p-value
mDISCERN score	Median, IQR	2.0 (1.0-2.5)	3.0 (2.5-3.0)	1.5 (1.0-2.0)	<0.01
mDISCERN score ≥ 3	n (%)	22 (23.7)	17 (70.8)	5 (7.2)	<0.01
GQS score	Median, IQR	2.0 (0.5-3.0)	3.5 (3.0-4.0)	1.5 (0.5-2.25)	<0.01
GQS score ≥ 3	n (%)	29 (31.2)	19 (79.2)	10 (14.5)	<0.01
VIQI1	Median, IQR	3.0 (2.5-4.0)	5.0 (4.0-5.0)	3.0 (2.0-4.0)	<0.01
VIQI2	Median, IQR	3.0 (2.0-4.0)	5.0 (4.0-5.0)	3.0 (2.0-3.0)	<0.01
VIQI3	Median, IQR	1.0 (1.0-2.0)	2.0 (1.0-2.0)	1.0 (1.0-2.0)	<0.01
VIQI4	Median, IQR	3.0 (2.0-4.0)	4.0 (4.0-5.0)	3.0 (2.0-3.0)	<0.01
VIQI Total	Median, IQR	11.5 (9.5-13.5)	13.75 (13.0-15.0)	11.0 (9.0-12.0)	<0.01
PEMAT A/V Understandability	Median, IQR	8.0 (6.0-9.0)	9.0 (7.25-10.0)	7.0 (5.0-8.0)	<0.01
PEMAT A/V Actionability	Median, IQR	1.0 (1.0-2.0)	1.0 (0.0-2.0)	0.0 (0.0-2.0)	0.35
PEMAT Total	Median, IQR	9.0 (6.5-10.0)	10.0 (8.25-10.75)	8.0 (6.0-10.0)	0.01
PEMAT ≥ 10.0 (75% percentile)	n (%)	34 (36.6)	16 (66.7)	18 (26.1)	<0.01

HP, healthcare providers; NHP, non-healthcare providers; IQR, interquartile range; mDISCERN, modified DISCERN; GQS, Global Quality Scale; VIQI, Video Information and Quality Index; PEMAT A/V, Patient Education Materials Assessment Tool for audiovisual content.

Table 3. AloCheck-based analysis of selected AA content domains.

Criteria	Descriptive statistics	Total videos (N=93)	HP (N=24)	NHP (N=69)	p-value
Pathophysiology and Mechanism of the disease	n (%)	49 (52.7)	21 (87.5)	28 (40.6)	<0.01
Clinical presentation	n (%)	80 (86.0)	22 (91.7)	58 (84.1)	0.35
Treatment	n (%)	65 (69.9)	19 (79.2)	46 (66.7)	0.25
Body image	n (%)	53 (57.0)	9 (37.5)	44 (63.8)	0.02
Total score	Median (IQR)	3 (2.0-3.0)	3 (2-4)	2 (2-3)	0.22

HP, healthcare providers; NHP, non-healthcare providers; IQR, interquartile range.