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EXPERT perspectives

Shifting Paradigms, Emerging Treatments in Moderate to Severe Atopic Dermatitis

Dear Colleague:

Managing patients with atopic dermatitis is often challenging, in part because of the limited number of evidence-based treatment options. To help you address these challenges and provide the best possible care to your patients with atopic dermatitis, please consider some key points from our certified ExpertPerspectives CME activity, ***Shifting Paradigms, Emerging Treatments in Moderate to Severe Atopic Dermatitis:***

- A thorough history and physical examination remains the cornerstone of diagnosis. The disease onset typically occurs in young children, although the onset may be delayed until adulthood. There is a strong association with a family history of atopy, but there is no clear association with living environment, including pets. Filaggrin deficiency is observed in 10% or less of patients. Pruritus, xerosis, and eczematous dermatitis are essential features. The location changes with age, often involving the face and scalp in infants, and the extensors in toddlers.

- There are several goals of therapy: 1) reduce the number and severity of flares; 2) reduce pruritus and increase quality of life; 3) maintain normal activities of daily living; 4) maximize disease-free periods; 5) prevent infectious complications; and 6) avoid/minimize side effects of therapy.

- Skin hydration is the mainstay of treatment. Hydration involves bathing for 5-10 minutes in warm (not hot) water using a non-soap cleanser, immediately followed by liberal application of an emollient. The best emollient is one that the patient will use. Preventing triggers is important, especially in patients with allergies.

- For patients with a severe exacerbation, an intermediate- or high-potency topical corticosteroid can be used for a few days. This generally provides rapid control and allows switching to a lower potency topical corticosteroid or alternative therapy. In some patients, further treatment may not be needed. Intermediate- and high-potency topical corticosteroids must be used cautiously on the face, particularly in the periorbital area.

- Patient and family education are important for disease management. Education should include the generally chronic nature of atopic dermatitis, exacerbating factors, and the efficacy and safety of treatments. Skin care techniques should be demonstrated, and a written action plan provided.

- For difficult-to-treat patients, phototherapy is effective, but patient adherence is often limited. Systemic immunosuppressive agents, eg, cyclosporine, methotrexate, mycophenolate mofetil, and azathioprine, are sometimes used, but evidence supporting their use is limited. Systemic antibiotics are recommended only in patients with clinical evidence of bacterial infection. A sedating, oral antihistamine can be useful for patients who have difficulty falling asleep due to pruritus.

- Many of the other treatments sometimes used for atopic dermatitis are not supported by good evidence, and their use should be avoided. For topical agents, this includes tar preparations, topical antihistamines, and topical antibiotics. For systemic agents, this includes primrose oil, omega-3, vitamin D, aromatherapy, and probiotics.

- For patients with frequent exacerbations, preventive therapy is recommended. Low-potency topical steroids are typically applied daily, or intermediate-potency topical steroids applied 2-3 times per week. When used properly, topical corticosteroids are safe and unlikely to cause complications. Alternatively, a topical calcineurin inhibitor can be used. Although there is a black box warning concerning the risk of malignancy with a topical calcineurin inhibitor, there is no evidence of this in clinical practice. Dilute bleach baths can also be used up to once daily.
- Crisaborole is a topical phosphodiesterase-4 inhibitor shown to be effective in patients age ≥2 years with mild to moderate atopic dermatitis. In addition to providing good skin clearance, crisaborole also reduces erythema, exudation, excoriation, induration/papulation, and lichenification.
- Dupilumab is a monoclonal antibody that blocks the IL-4 receptor recently approved for systemic administration in adults with moderate to severe atopic dermatitis. In addition to providing good skin clearance, dupilumab also improves patient-reported outcomes, eg, pruritus, sleep, symptoms of anxiety or depression, and quality of life.

Managing patients with atopic dermatitis requires a close relationship between the provider and patient, and often the patient's family. We hope that keeping the above concepts in mind when collaborating with your patients will help you in your practice—and help improve the lives of your patients.

Yours sincerely,

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