Dermatology Update #11

25 November 2021

Welcome to the latest copy of the Dermatology Update. The aim of this publication is to bring together a range of recently-published research and guidance that will help you make evidence based decisions.

Accessing Articles

The following abstracts are taken from a selection of recently published articles.
If the article is available electronically, then there will be a blue link in the abstract. [Press CTRL and click to open the link. You will need to be registered for NHS Athens (see below) to be able to access the full text.] If the full text is not available electronically we may be able to obtain the document through our document supply services.

NHS Athens

Athens passwords allow you to download the full text of articles, where the Trust has a subscription. These are noted at the end of an abstract. To register for a free NHS Athens account please log on to:
https://openathens.nice.org.uk/
If you would like help in registering and using NHS Athens accounts, please contact the Library & Knowledge Service.

If you would like to order a copy of the full paper

If we don't have full text access please contact the Library & Knowledge Service, details below. There is sometimes a small charge for using the document supply services, depending where we can source items from.

Library & Knowledge Service

We are located on 2nd floor, New Alderley House and are staffed from 9.00amto 4.30pm Monday to Friday. 24 hour access is available, just swipe in with your Trust ID badge. You can issue and return books using the self -service kiosk, access the PCs and study facilities.

Contact us

General library enquiries: telephone - 01625 66 1362 or email - ecn-tr.StaffLibrary@nhs.net
Holly Cook, Clinical Outreach Librarian: telephone – 01625 66 3398 or email - holly.cook3@nhs.net
Further information on library services and contacts: www.eastcheshirenhslibrary.net

Feedback and requests for additional evidence searches

We welcome your feedback on this update (for example, the format, relevancy, timeliness). Please leave your comments: https://forms.gle/7mJDjXVnkSEJvmYx6
We also have other services to help you keep up-to-date: www.eastcheshirenhslibrary.net/keep-up-to-date.html.
Please contact Holly if you would like more information, or further evidence searches: holly.cook3@nhs.net.

Recently updated NICE Guidelines

Acne vulgaris: management
NICE guideline [NG198]
Published: 25 June 2021
https://www.nice.org.uk/guidance/ng198

Secukinumab for treating moderate to severe plaque psoriasis in children and young people
Technology appraisal guidance [TA734]
Published: 07 October 2021
https://www.nice.org.uk/guidance/ta734

Bimekizumab for treating moderate to severe plaque psoriasis
Technology appraisal guidance [TA723]
Published: 01 September 2021
https://www.nice.org.uk/guidance/ta723

Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs
Technology appraisal guidance [TA711]
Published: 30 June 2021
https://www.nice.org.uk/guidance/ta711

Magtrace and Sentimag for locating sentinel lymph nodes
Medtech innovation briefing [MIB263]
Published: 08 June 2021
https://www.nice.org.uk/advice/mib263

Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma
Technology appraisal guidance [TA720]
Published: 18 August 2021
https://www.nice.org.uk/guidance/ta720

WoundExpress to manage lower leg wounds
Medtech innovation briefing [MIB261]
Published: 01 June 2021
https://www.nice.org.uk/advice/mib261

A selection of papers from Embase, Medline and British Nursing Index: June 2021-Nov 2021 (most recent first)

1. Anakinra for palmoplantar pustulosis: results from a randomized, double-blind, multicentre, two-staged, adaptive placebo-controlled trial (APRICOT)

2. Erythematous Plaques

3. Machine Learning-Based Deep Phenotyping of Atopic Dermatitis: Severity-Associated Factors in Adolescent and Adult Patients.

4. Clinical joints manifestations in patients with psoriatic arthritis on musculoskeletal ultrasound.

5. Clinical background of patients with psoriasiform skin lesions due to tumor necrosis factor antagonist administration at a single center.

6. Health Economic Assessment of Optimal Biological Treatment for Moderate-to-Severe Psoriasis

7. Patient preferences for stratified medicine in psoriasis: a discrete choice experiment*

8. Toxic Epidermal Necrolysis Caused by Allopurinol: A Serious but Still Underestimated Adverse Reaction.

9. Effectiveness and safety of tacrolimus ointment combined with dupilumab for patients with atopic dermatitis in real-world clinical practice.

10. Primary care management of hidradenitis suppurativa: a cross-sectional survey of UK GPs.

11. An Economic Analysis of the Impact of Homecare Drug Administration for Biologic Interventions Available for Plaque Psoriasis in the UK

12. Predicting reduction in lost productivity and indirect costs in patients with atopic dermatitis treated with ruxolitinib cream

13. Patients with nodular prurigo commonly have pre-existing psychological disease, which requires treatment concomitant with cutaneous treatments

14. Topical steroid withdrawal: An emerging clinical problem

15. Impact of childhood psoriasis on children and parents: An interpretative phenomenological analysis

16. 26433 Interventions for skin wellbeing clinics in for health care staff during the SARS-CoV2 outbreak: A perspective from London (UK)

17. 26918 Describing real-world pediatric psoriasis patients in the US and EU5

18. 26652 Patient and caregiver perspectives on treatment attributes for atopic dermatitis

19. 26509 Interleukin-23 inhibitors for the treatment of psoriasis in the UK: Early experience of a single secondary care department

20. Daily Moisturization for Atopic Dermatitis: Importance, Recommendations, and Moisturizer Choices

21. Dermatology nurses view on factors related to Danish psoriasis patients' adherence to topical drugs: a focus group study.

22. Patient-reported outcomes with risankizumab versus fumaric acid esters in systemic therapy-naïve patients with moderate to severe plaque psoriasis: a phase 3 clinical trial.

23. Methodological considerations related to the use of primary and secondary care data in identifying a cohort of moderate to severe psoriasis patients in the UK

24. Epidemiology of skin event rates among users of pumps for the subcutaneous administration of drugs for chronic conditions based upon the United Kingdom (UK) Clinical Practice Research Datalink (CPRD) GOLD

25. The BMJ Awards 2021: Dermatology team of the year.

26. Quality of psoriasis care in Germany - results from the nationwide health care studies PsoHealth 2004-2017.

27. The necessity of patch testing in determining the causative drug of AGEP.

28. Current prevalence and relevance of positive patch test reactions to cosmetic and noncosmetic isothiazolinones in the UK

29. Barriers to shared decision-making with women of reproductive age affected by a chronic inflammatory disease: a mixed-methods needs assessment of dermatologists and rheumatologists.

30. Clinical comparison of topical 2.5% benzoyl peroxide plus 5% niacinamide to 2.5% benzoyl peroxide alone in the treatment of mild to moderate facial acne vulgaris

31. Composite Measures for Routine Clinical Practice in Psoriatic Arthritis: Testing of Shortened Versions in a UK Multicenter Study

32. Composite Measures for Clinical Trials in Psoriatic Arthritis: Testing Pain and Fatigue Modifications in a UK Multicenter Study

33. Clinical and Economic Burden of Mild-to-Moderate Atopic Dermatitis in the UK: A Propensity-Score-Matched Case-Control Study

34. Effectiveness of ixekizumab in patients with psoriatic arthritis: Results from a realworld european survey

35. Novel interferon gene expression scores predict refractory severe cutaneous disease following rituximab therapy in SLE

36. Are patients with psoriatic arthritis being treated optimally across the world disparities in health care for patients with psoriatic arthritis across countries with different gdp's, an analysis of 429 patients from 13 countries

37. Differences in real-world patient characteristics of 8921 psoriasis patients with and without comorbid psoriatic arthritis using the UK badbir database

38. Mask related acne ("maskne") and other facial dermatoses

39. Safety and efficacy of upadacitinib in combination with topical corticosteroids in adolescents and adults with moderate-to-severe atopic dermatitis (AD Up): results from a randomised, double-blind, placebo-controlled, phase 3 trial

40. Once-daily upadacitinib versus placebo in adolescents and adults with moderate-to-severe atopic dermatitis (Measure Up 1 and Measure Up 2): results from two replicate double-blind, randomised controlled phase 3 trials

41. Treatment of atopic dermatitis with biologics and Janus kinase inhibitors

42. What is the evidence base to support the nurse specialist when counselling adult patients considering a systemic treatment for atopic eczema?

43. Treatment outcomes of patients with Atopic Dermatitis (AD) treated with dupilumab through the Early Access to Medicines Scheme (EAMS) in the UK.

44. National Psoriasis Foundation COVID-19 Task Force guidance for management of psoriatic disease during the pandemic: Version 2-Advances in psoriatic disease management, COVID-19 vaccines, and COVID-19 treatments.

45. Psoriasis: A brief overview

Full strategy

1. Anakinra for palmoplantar pustulosis: results from a randomized, double-blind, multicentre, two-staged, adaptive placebo-controlled trial (APRICOT)

Author(s): Cro S.; Cornelius V.R.; Pink A.E.; Wilson R.; Pushpa-Rajah A.; Patel P.; Woolf R.T.; Smith C.H.; Abdul-Wahab A.; August S.; Azad J.; Becher G.; Makrygeoegou A.; Chapman A.; Dunnil G.; Ferguson A.D.; Fogo A.; Ghaffar S.A.; Ingram J.R.; Kavakleiva S.; Ladoyanni E.; Leman J.A.; Macbeth A.E.; Parslew R.; Ryan A.J.; Sharma A.; Shipman A.R.; Sinclair C.; Wachsmuth R.; Wright A.; McAteer H.; Barker J.N.W.N.; Burden A.D.; Griffiths C.E.M.; Reynolds N.J.; Warren R.B.; Lachmann H.J.; Capon F.

Source: British Journal of Dermatology; 2021

Publication Date: 2021

Publication Type(s): Article

PubMedID: 34411292

Available at The British journal of dermatology - from Wiley Online Library

Abstract:

Background: Palmoplantar pustulosis (PPP) is a rare, debilitating, chronic inflammatory skin disease that affects the hands and feet. Clinical, immunological and genetic findings suggest a pathogenic role for interleukin (IL)-1.

Objective(s): To determine whether anakinra (an IL-1 receptor antagonist) delivers therapeutic benefit in PPP.

Method(s): This was a randomized (1 : 1), double-blind, two-staged, adaptive, UK multicentre, placebo-controlled trial [ISCRTN13127147 (registered 1 August 2016); EudraCT number: 2015-003600-23 (registered 1 April 2016)]. Participants had a diagnosis of PPP (> 6 months) requiring systemic therapy. Treatment was 8 weeks of anakinra or placebo via daily, self-administered subcutaneous injections. Primary outcome was the Palmoplantar Pustulosis Psoriasis Area and Severity Index (PPPASI) at 8 weeks.

Result(s): A total of 374 patients were screened; 64 were enrolled (31 in the anakinra arm and 33 in the placebo arm) with a mean (SD) baseline PPPASI of 17.8 (10.5) and a PPP investigator's global assessment of severe (50%) or moderate (50%). The baseline adjusted mean difference in PPPASI favoured anakinra but did not demonstrate superiority in the intention-to-treat analysis [-1.65, 95% confidence interval (CI) -4.77 to 1.47; P = 0.30]. Similarly, secondary objective measures, including fresh pustule count (2.94, 95% CI -26.44 to 32.33; favouring anakinra), total pustule count (-30.08, 95% CI -83.20 to 23.05; favouring placebo) and patient-reported outcomes, did not show superiority of anakinra. When modelling the impact of adherence, the PPPASI complier average causal effect for an individual who received >= 90% of the total treatment (48% in the anakinra group) was -3.80 (95% CI -10.76 to 3.16; P = 0.285). No serious adverse events occurred.

Conclusion(s): No evidence for the superiority of anakinra was found. IL-1 blockade is not a useful intervention for the treatment of PPP.

Database: EMBASE

2. Erythematous Plaques

Author(s): Zamil, Dina, BS; Braun, Tara L, MD; Rizk, Christopher, MD

Source: The Clinical Advisor : For Nurse Practitioners; 2021; vol. 24 (no. 4); p. 43

Publication Date: 2021

Publication Type(s): General Information

Available at The Clinical Advisor : For Nurse Practitioners - from ProQuest (Health Research Premium) - NHS Version

Abstract: Acute urticaria typically lasts 6 weeks or less whereas chronic urticaria lasts longer than 6 weeks.1,2 Urticaria was recognized in the fourth century BC by Hippocrates, who noticed an association between the condition and nettles, or Urtica.3,4 The modern term urticaria was introduced by Frank in 1792.3 Urticaria is one of the most common dermatologic conditions seen in emergency departments (EDs), with a lifetime prevalence ranging from 12% to 20%.1,2,4 Although, acute urticaria occurs in only 7.6% to 16% of patients with urticaria, the condition is more common than chronic urticaria in infants and toddlers.1 Acute urticaria also is more prevalent among

individuals with atopic diseases, such as atopic dermatitis.4 Acute urticaria affects individuals of all ages but the average age at presentation is in the early 20s.1 Reports indicate a female preponderance for acute urticaria, except in young children; in this population, the condition affects boys and girls equally.1 Urticaria arises from release of histamine and other proinflammatory mediators from mast cells and basophils in the dermis.2 This release often is mediated by immunoglobin E (IgE) but can occur without IgE or immunologic activation.2 Attacks can be caused by food, medications, and infections, but approximately 30% to 50% of acute urticarial attacks are considered idiopathic.1 Drugs implicated in urticaria include sulfonamide and beta-lactam antibiotics, opioids, acetylsalicylic acid, and nonsteroidal anti-inflammatory drugs (NSAIDs).5 When acute urticaria occurs with an infection, it can be difficult to determine whether the attack was precipitated by the infection or a medication used to treat it. Other etiologies for acute urticaria include ingestion of Anisakis simplex nematode, contact with latex, insect bites, systemic lupus erythematosus, and thyroid disease.1 More recently, reports have indicated that infection with SARS-CoV-2 can manifest with acute urticaria.6-8 In children, the most common etiology is viral infections (eg, rhinovirus and Epstein-Barr virus), as well as streptococcal, urinary tract, and parasitic infections.2 Urticarial wheals range in size from small (several millimeters) to much larger and tend to be well-circumscribed and pruritic. A complete review of systems can help identify systemic illnesses.2 Biopsy of a urticarial wheal should demonstrate dermal edema with mixed inflammatory perivascular infiltrate consisting of lymphocytes, eosinophils, and neutrophils.4 Additional tests to consider include complete blood count, which may support an infectious etiology; erythrocyte sedimentation rate; and C-reactive protein levels, which can indicate infection, inflammation, or NSAID-induced urticaria.1 Treatment is not necessary in mild cases of acute urticaria. CASE #2 Serum Sickness-Like Reaction Serum sickness-like reaction (SSLR) is a syndrome named for its clinical resemblance to serum sickness (SS); it was described originally by von Pirquet and Schick in 1905.9-12 SS is associated with the injection of equine antitoxin, streptokinase, antilymphocyte globulin, and spider and snake antivenom; it is a type III hypersensitivity reaction resulting from deposition of circulating immune complexes that also features inflammation and complement activation.9,13 In contrast, SSLR lacks circulating immune complexes and hypocomplementemia.9 Although SSLR was common among patients treated with horse serum for diphtheria and tetanus in the early to mid-1800s, the condition now is less common because of modernized immunization techniques.11 Approximately 7% of the population will experience SSLR, with hospitalized patients having an increased risk (10%-20%).14 Among children, cefaclor use is a risk factor for SSLR, with estimates of cefaclor-associated SSLR ranging from 0.024% to 0.5%.13,14 A cefaclor metabolite is thought to bind to tissue proteins, resulting in an SSLR inflammatory response in genetically susceptible patients.13 A study of hospitalized children with SSLR in Turkey found an average patient age of 101 months and a mean hospital stay of 5 days.15 SSLR generally occurs as a reaction to a drug and, in contrast to SS, is not associated with internal organ involvement, hypocomplementemia, circulating immune complexes, vasculitis, or renal involvement.10,13 Beta-lactam antibiotics, particularly cefaclor, as well as sulfonamide antibiotics and minocycline are major etiologic agents.9,13 Additional potentially causative classes include but are not limited to antineoplastic, psychiatric, anti-inflammatory (eg, NSAIDs and antirheumatic agents), antithymocyte globulin, antiepileptic, antiarrhythmic, and antihypertensive drugs.11,14 Recent reports have linked SSLR with bupropion, mirabegron, monoclonal antibodies (omalizumab and rituximab), elexacaftor/ tezacaftor/ivacaftor, drotaverine, and ixekizumab.13,16-20 Clinical symptoms of SSLR typically arise 1 to 3 weeks after initial administration of the causative medication.9 Skin eruptions are one of the most common manifestations of SSLR, appearing in 90% of cases.14 Cutaneous eruptions usually involve erythema and well-demarcated urticarial lesions, often with a lavender hue in the center.

Database: BNI

3. Machine Learning-Based Deep Phenotyping of Atopic Dermatitis: Severity-Associated Factors in Adolescent and Adult Patients.

Author(s): Maintz, Laura; Welchowski, Thomas; Herrmann, Nadine; Brauer, Juliette; Kläschen, Anna Sophie; Fimmers, Rolf; Schmid, Matthias; Bieber, Thomas; CK-CARE Study Group; Schmid-Grendelmeier, Peter; Traidl-Hoffmann, Claudia; Akdis, Cezmi; Lauener, Roger; Brüggen, Marie-Charlotte; Rhyner, Claudio; Bersuch, Eugen; Renner, Ellen; Reiger, Matthias; Dreher, Anita; Hammel, Gertrud; Luschkova, Daria; Lang, Claudia

Source: JAMA dermatology; Nov 2021

Publication Date: Nov 2021

Publication Type(s): Journal Article

PubMedID: 34757407

Abstract:

Importance: Atopic dermatitis (AD) is the most common chronic inflammatory skin disease and is driven by a complex pathophysiology underlying highly heterogeneous phenotypes. Current advances in precision medicine emphasize the need for stratification.

Objective: To perform deep phenotyping and identification of severity-associated factors in adolescent and adult patients with AD.

Design, Setting, and Participants: Cross-sectional data from the baseline visit of a prospective longitudinal study investigating the phenotype among inpatients and outpatients with AD from the Department of Dermatology and Allergy of the University Hospital Bonn enrolled between November 2016 and February 2020.

Main Outcomes and Measures: Patients were stratified by severity groups using the Eczema Area and Severity Index (EASI). The associations of 130 factors with AD severity were analyzed applying a machine learning-gradient boosting approach with cross-validation-based tuning as well as multinomial logistic regression.

Results: A total of 367 patients (157 male [42.8%]; mean [SD] age, 39 [17] years; 94% adults) were analyzed. Among the participants, 177 (48.2%) had mild disease (EASI ≤7), 120 (32.7%) had moderate disease (EASI >7 and ≤ 21), and 70 (19.1%) had severe disease (EASI >21). Atopic stigmata (cheilitis: odds ratio [OR], 8.10; 95% CI, 3.35-10.59; white dermographism: OR, 4.42; 95% CI, 1.68-11.64; Hertoghe sign: OR, 2.75; 95% CI, 1.27-5.93; nipple eczema: OR, 4.97; 95% CI, 1.56-15.78) was associated with increased probability of severe AD, while female sex was associated with reduced probability (OR, 0.30; 95% CI, 0.13-0.66). The probability of severe AD was associated with total serum immunoglobulin E levels greater than 1708 IU/mL and eosinophil values greater than 6.8%. Patients aged 12 to 21 years or older than 52 years had an elevated probability of severe AD; patients aged 22 to 51 years had an elevated probability of mild AD. Age at AD onset older than 12 years was associated with increased probability of severe AD up to a peak at 30 years; age at onset older than 33 years was associated with moderate to severe AD; and childhood onset was associated with mild AD (peak, 7 years). Lifestyle factors associated with severe AD were physical activity less than once per week and (former) smoking. Alopecia areata was associated with moderate (OR, 5.23; 95% CI, 1.53-17.88) and severe (OR, 4.67; 95% CI, 1.01-21.56) AD. Predictive performance of machine learning-gradient boosting vs multinomial logistic regression differed only slightly (mean multiclass area under the curve value: 0.71 [95% CI, 0.69-0.72] vs 0.68 [0.66-0.70], respectively).

Conclusions and Relevance: The associations found in this cross-sectional study among patients with AD might contribute to a deeper disease understanding, closer monitoring of predisposed patients, and personalized prevention and therapy.

Database: Medline

4. Clinical joints manifestations in patients with psoriatic arthritis on musculoskeletal ultrasound.

Author(s): Zhou, Hang; Qiu, Lanyan; Sun, Pengfei; Liu, Xi; Hu, Xiangdong; Chen, Mojun; Wei, Wei; Chen, Letian; Song, Shuju; Duan, Ting; Zhao, Jian

Source: Clinical rheumatology; Nov 2021

Publication Date: Nov 2021

Publication Type(s): Journal Article

PubMedID: 34731348

Abstract:

OBJECTIVE: To investigate the clinical joints manifestations under musculoskeletal ultrasound (MSUS) and hematological findings in patients with psoriatic arthritis (PsA), which may provide a basis for improving the early diagnosis of PsA.

METHODS: From September 2016 to February 2021, 328 patients with psoriasis visited the dermatological and rheumatic outpatient of the Beijing Friendship Hospital were enrolled in this retrospective study. Patients were enrolled according to a paired-design method. The PsA group included 164 patients diagnosed with PsA, and the control group included 164 patients diagnosed with psoriasis without PsA. Both groups of patients were evaluated by a rheumatoid immunologist, a dermatologist, and a sonographer. Demographic data, course of disease, severity of skin lesions, combined diseases, and previous treatment were all collected. All patients received MSUS and blood examinations. Lower extremity enthsis diseases were evaluated by Glasgow ultrasound enthesitis scoring system (GUESS).

RESULTS: In the comparison of baseline clinical characteristics, the PsA group has longer course of psoriasis ($P = 0.005$), longer course of joints pain ($P = 0.035$), higher incidence of peripheral joints pain ($P = 0.001$), higher GUESS score ($P < 0.001$), and higher incidence of involved nails or toenails ($P = 0.036$) The most common joints involved were proximal interphalangeal joint (33.5%), knee (27.4%), and metacarpophalangeal joint (25.0%). Differences in clinical manifestations at different lower limb enthesitis on MSUS have also been proved. The positive incidences of rheumatoid factor (RF) ($P = 0.002$) and anti-cyclic citrullinated peptide (CCP) antibody ($P < 0.001$) in the PsA group were significantly higher than those in the control group. Binary Logistic regression showed that patients with anti-CCP antibody positive had a higher risk of active PsA compared to patients with negative antibodies in PsA group (OR: 0.626, 95%CI: 0.361-0.792, $P < 0.05$).

CONCLUSION: In conclusion, the most common joints involved were proximal interphalangeal joint, knee, and metacarpophalangeal joint in patients with PsA, and the common types of diseased joints manifestations on MSUS were synovial thickening, fluid accumulation, bone destruction, increased blood flow signals, and attachment site inflammation. GUESS scoring systems can be used to identify PsA in patients with psoriasis. Psoriasis patients with RF and anti-CCP antibody positive were more likely to develop PsA, and anti-CCP antibody positive was a risk factor for active PsA.

KEY POINTS• GUESS scoring systems can be used to identify PsA in patients with psoriasis. • Psoriasis patients with RF and anti-CCP antibody positive were more likely to develop PsA, and anti-CCP antibody positive was a risk factor for active PsA.

Database: Medline

5. Clinical background of patients with psoriasiform skin lesions due to tumor necrosis factor antagonist administration at a single center.

Author(s): Mori, Miho; Tobita, Rie; Egusa, Chizu; Maeda, Tatsuo; Abe, Namiko; Kawakami, Hiroshi; Mae, Kenichiro; Matsumoto, Yuka; Kawachi, Yasuhiro; Okubo, Yukari

Source: The Journal of dermatology; Nov 2021; vol. 48 (no. 11); p. 1745-1753

Publication Date: Nov 2021

Publication Type(s): Journal Article

PubMedID: 34409641

Available at The Journal of dermatology - from Wiley Online Library

Abstract: Paradoxical reaction (PR) occurs when a drug elicits a reaction contrary to what was expected. To clarify the clinical features and genetic background of individuals susceptible to PR, we analyzed the clinical course of patients in whom psoriatic eruptions worsened or newly developed during tumor necrosis factor (TNF) antagonist administration and the role of focal infections and genetic variations. Of 125 patients who received TNF antagonist therapy for psoriasis, acrodermatitis continua of Hallopeau (ACH), generalized pustular psoriasis (GPP), or palmoplantar pustular psoriasis (PPP), eight patients with PR were surveyed at our hospital Dermatology Department between 2010 and 2021. A survey was also done on six patients who received TNF antagonist therapy for Crohn's disease, rheumatoid arthritis, ankylosing spondylitis, and hidradenitis suppurativa and were referred to our department due to PR. Additionally, Sanger sequencing analysis was performed for all exons and flanking introns of IL36RN (interleukin 36 receptor antagonist), CARD14 (caspase recruitment domain-containing protein 14), and AP1S3 (adaptor-related protein complex 1 subunit sigma 3). The clinical assessment of the 14 patients demonstrated

an average age at PR onset of 48.4 years, a male : female ratio of 5:9, and a mean administration period until onset of 9.2 months. The clinical types of PR were plaque psoriasis, PPP, GPP, pustulosis, acne, ACH, hair loss, and exacerbation of arthralgia. Histopathology revealed psoriasiform dermatitis in three patients. One patient continued TNF antagonist therapy. All of the patients with psoriasis and GPP had dental infections, suggesting that focal infection may be a risk factor of the development of PR following TNF antagonist therapy. Gene analysis demonstrated CARD14 gene variants associated with RA, CD, AS, or PPP in four patients. In addition, all of the patients with ACH and PPP experienced PR, suggesting that these diseases may predispose patients to PR to TNF antagonist therapy.

Database: Medline

6. Health Economic Assessment of Optimal Biological Treatment for Moderate-to-Severe Psoriasis

Author(s): Barker J.; Baker H.; Nadeem A.; Gu D.-H.; Girolomoni G.

Source: Clinical Drug Investigation; Nov 2021; vol. 41 (no. 11); p. 1011-1020

Publication Date: Nov 2021

Publication Type(s): Article

PubMedID: 34655022

Abstract:

Background: There is limited guidance on which biologic therapies should be prioritised for the treatment of moderate-to-severe psoriasis, amongst the many available options. New mode-of-action biologics, as well as recently available biosimilars for existing biologics, continue to be developed making the choice of treatment sequence increasingly complex.

Objective(s): The aim of this analysis was to develop a cost-effectiveness model to determine the optimal placement of biologic therapies on the treatment pathway for psoriasis in the UK.

Method(s): A cohort-based Markov model was developed in Microsoft Excel, from the perspective of the National Health Service and Personal and Social Services in the UK. The model followed a hypothetical cohort of patients over a lifetime. The health states in the model were defined by Psoriasis Area and Severity Index response. In the model, patients could receive a total of four separate treatments, including three active interventions and best supportive care.

Result(s): A fully incremental analysis was undertaken on a subset of commonly used treatment sequences. The results of the list price analyses determined the most cost-effective sequence to be adalimumab biosimilar followed by ustekinumab, secukinumab, then best supportive care. This sequence is associated with total costs of 78,731 and total quality-adjusted life-years of 14.74 over a patient's lifetime.

Conclusion(s): This research suggests that the optimal first-line treatment in the UK is adalimumab biosimilar. The optimal second-line and third-line treatments depend on the magnitude of confidential discounts applied to the biologic treatments.

Database: EMBASE

7. Patient preferences for stratified medicine in psoriasis: a discrete choice experiment*

Author(s): Dalal G.; Wright S.J.; Vass C.M.; Davison N.J.; Payne K.; Vander Stichele G.; Smith C.H.; Griffiths C.E.M.

Source: British Journal of Dermatology; Nov 2021; vol. 185 (no. 5); p. 978-987

Publication Date: Nov 2021

Publication Type(s): Article

PubMedID: 33991338

Available at The British journal of dermatology - from Wiley Online Library

Available at The British journal of dermatology - from Unpaywall

Abstract:

Background: New technologies have enabled the potential for stratified medicine in psoriasis. It is important to understand patients' preferences to enable the informed introduction of stratified medicine, which is likely to involve a number of individual tests that could be collated into a prescribing algorithm for biological drug selection to be used in clinical practice.

Objective(s): To quantify patient preferences for an algorithm-based approach to prescribing biologics ('biologic calculator') in psoriasis.

Method(s): An online survey comprising a discrete choice experiment (DCE) was conducted to elicit the preferences of two purposive samples of adults living with psoriasis in the UK, identified from a psoriasis patient organization (Psoriasis Association) and an online panel provider (Dynata). Respondents chose between two biologic calculators and conventional prescribing described using five attributes: treatment delay; positive predictive value; negative predictive value; risk of infection; and cost saving to the National Health Service. Each participant selected their preferred alternative from six hypothetical choice sets. Additional data, including sociodemographic characteristics, were collected. Choice data were analysed using conditional logit and fully correlated random parameters logit models.

Result(s): Data from 212 respondents (67 from the Psoriasis Association and 145 from Dynata) were analysed. The signs of all estimated coefficients were consistent with a priori expectations. Respondents had a strong preference for a high predictive accuracy and avoiding serious infection, but there was evidence of systematic differences in preferences between the samples.

Conclusion(s): This study indicates that individuals with psoriasis would value a biologic calculator and suggested that such a biologic calculator should have sufficient accuracy to predict future response and risk of serious infection from the biologic.

Database: EMBASE

8. Toxic Epidermal Necrolysis Caused by Allopurinol: A Serious but Still Underestimated Adverse Reaction.

Author(s): Hoyer, Daniel; Atti, Carlo; Nuding, Sebastian; Vogt, Alexander; Sedding, Daniel G; Schott, Artjom

Source: The American journal of case reports; Oct 2021; vol. 22 ; p. e932921

Publication Date: Oct 2021

Publication Type(s): Case Reports Journal Article

PubMedID: 34634004

Available at The American journal of case reports - from Europe PubMed Central - Open Access

Abstract:

BACKGROUND: Allopurinol is the first-line therapy for the treatment of symptomatic hyperuricemia (gout). In clinical practice, there is a tendency to overmedicate asymptomatic patients who have elevated serum urate. Because of this practice, serious and life-threatening reactions such as Stevens-Johnson syndrome (SJS) or the more dramatic toxic epidermal necrolysis (TEN), both frequently caused by uricostatics, may occur. To increase awareness of these complications, we present a case with fulminant TEN caused by allopurinol.

CASE REPORT: A 75-year-old woman noticed a mildly itching skin rash accompanied by fever, shivering, and weakness approximately 3 weeks after taking newly prescribed allopurinol. The initial clinical examination revealed a generalized maculopapular exanthema. An adverse drug reaction was recognized, and allopurinol was discontinued. Ambulatory supportive therapy using prednisolone and cetirizine was started but failed. The patient developed a progressive exanthema with painful widespread blistering, skin peeling, and mucosal and conjunctival lesions. After recurrent presentations to the Emergency Department, the patient was transferred to our Intensive Care Unit (ICU). The clinical picture confirmed the suspected diagnosis of TEN. Massive fluid replacement, prednisolone, and cyclosporine were used as anti-inflammatory therapy. Polyhexanide and octenidine were applied for local treatment.

All treatment measures were guided daily by a multidisciplinary team. After 7 days in the ICU, the patient was transferred to the Dermatology Department and was discharged from the hospital 42 days later.

CONCLUSIONS: With the prescription of allopurinol, there should be awareness of potentially life-threatening complications such as SJS or TEN. Patients with SJS or TEN should be immediately transferred to an ICU with dermatological expertise and multidisciplinary therapy.

Database: Medline

9. Effectiveness and safety of tacrolimus ointment combined with dupilumab for patients with atopic dermatitis in real-world clinical practice.

Author(s): Matsutani, Masako; Imai, Yasutomo; Inoue, Yukako; Nakatani-Kusakabe, Minori; Natsuaki, Masaru; Yamanishi, Kiyofumi; Kanazawa, Nobuo

Source: The Journal of dermatology; Oct 2021; vol. 48 (no. 10); p. 1564-1568

Publication Date: Oct 2021

Publication Type(s): Journal Article

PubMedID: 34155694

Available at The Journal of dermatology - from Wiley Online Library

Abstract: Atopic dermatitis (AD) is the most common inflammatory skin disease affecting people of all age groups worldwide. To our knowledge, there are currently no studies estimating the effectiveness of tacrolimus ointment and dupilumab as a combination therapy for AD. Thus, here we describe the effectiveness and safety of tacrolimus ointment in combination with dupilumab for facial rashes in patients with AD. Overall, we included 109 patients who newly received dupilumab from April 2018 to July 2020 in the Dermatology Department of Hyogo College of Medicine Hospital. Of them, 60 patients were treated with tacrolimus ointment. Specifically, of the 60 patients, 40 were treated with dupilumab in combination with tacrolimus ointment and topical steroids, whereas the remaining 20 were prescribed tacrolimus ointment alone and were further analyzed. The analysis showed that the combination does not cause serious side-effects at high frequency. The patients showed rapid improvement of facial dermatitis along with systemic dermatitis, and the rate of improvement of head/neck Eczema Area and Severity Index (EASI) score significantly correlated with the rate of improvement of overall EASI score. In addition, there was no complication of herpes simplex observed in these 20 patients. Thus, tacrolimus ointment combined with dupilumab is an effective and safe treatment option for facial AD.

Database: Medline

10. Primary care management of hidradenitis suppurativa: a cross-sectional survey of UK GPs.

Author(s): Collier, Fiona; Howes, Rachel; Rodrigues, Jeremy; Thomas, Kim S; Leighton, Paul; Ingram, John R

Source: BJGP open; Oct 2021; vol. 5 (no. 5)

Publication Date: Oct 2021

Publication Type(s): Journal Article

PubMedID: 34326099

Available at BJGP open - from Unpaywall

Abstract:

BACKGROUND: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease that causes painful discharging nodules and skin tunnels. HS has associations with several systemic diseases, including cardiovascular disease (CVD), anxiety, and depression. High levels of chronic morbidity suggest an important role for primary care. However, little evidence exists regarding current management of HS and its comorbidities in UK general practice.

AIM: To describe current practice among UK GPs in treating and referring people with HS.

DESIGN & SETTING: A web-based survey was circulated to UK Primary Care Dermatology Society (PCDS) members and GPs in Forth Valley, Scotland.

METHOD: Survey responses were analysed with descriptive statistics.

RESULTS: A total of 134 UK GPs completed the survey. Seventy per cent (n = 94) saw at least one patient with HS in the previous month. Ninety-four per cent (n = 125/133) reported confidence in diagnosis, and 89% (n = 120/134) in initial treatment of HS. Most GPs initiated topical treatments and extended courses of oral antibiotic for HS, and many gave advice on adverse lifestyle factors. A minority provided analgesia, or screening for CVD risk factors, and depression. Most GPs referred to dermatology if secondary care input was required, with few referrals to specialised multidisciplinary services.

CONCLUSION: GPs regularly diagnose and manage uncomplicated HS, but screening for important comorbidities associated with HS is not common practice.

Database: Medline

11. An Economic Analysis of the Impact of Homecare Drug Administration for Biologic Interventions Available for Plaque Psoriasis in the UK

Author(s): Green W.; Nadeem A.; Stork R.; Blanque A.P.

Source: Dermatology and Therapy; Oct 2021; vol. 11 (no. 5); p. 1635-1642

Publication Date: Oct 2021

Publication Type(s): Article

Available at Dermatology and therapy - from Europe PubMed Central - Open Access

Available at Dermatology and therapy - from ProQuest (Health Research Premium) - NHS Version

Available at Dermatology and therapy - from Unpaywall

Abstract:

Introduction: In the UK, biologic interventions for plaque psoriasis can either be administered in a hospital setting or following delivery to a patient's home. To date, limited research has been undertaken on how the administration route affects the overall treatment costs and the implications for this on UK clinical practice. The objective was to explore the cost implications of different administration routes for plaque psoriasis biologic interventions in the UK.

Method(s): A simple economic model was developed to estimate and compare the total cost of drug administration over 2 years for all biologic interventions that have been approved by the National Institute of Health and Care Excellence for use in patients with moderate-to-severe plaque psoriasis. Administration costs were estimated for two different scenarios: administration in a hospital setting or following home delivery [paid for by the National Health Service (NHS)].

Result(s): Costs of home delivery and administration in hospital over a 2-year time horizon varied substantially based on the choice of intervention. For home delivery, the lowest cost of 693 occurred with risankizumab, tildrakizumab and ustekinumab, while the highest cost of 3445 occurred with adalimumab, brodalumab, certolizumab and etanercept. For the scenario in which the interventions were administered in a hospital setting the costs ranged from 4224 for ustekinumab to 7463 for brodalumab.

Conclusion(s): These results indicate that drug administration costs are meaningful and should be given greater consideration in the selection process of treatments for plaque psoriasis. Additionally, the NHS could save money by paying for drugs to be delivered to a patient's home, rather than administering them in a hospital setting.

Database: EMBASE

12. Predicting reduction in lost productivity and indirect costs in patients with atopic dermatitis treated with ruxolitinib cream

Author(s): Bloudek L.; Migliaccio-Walle K.; Sullivan S.D.; Eichenfield L.F.; Silverberg J.I.; Joish V.N.; Kuligowski M.E.; Lofland J.H.

Source: British Journal of Dermatology; Sep 2021; vol. 185 (no. 3)

Publication Date: Sep 2021

Publication Type(s): Conference Abstract

Available at British Journal of Dermatology - from Wiley Online Library

Abstract: Atopic dermatitis (AD) is a chronic, inflammatory skin disease characterized by itching, dryness and redness, with a prevalence of approximately 10-15% in children and 5-10% in adults in the USA. Patients with AD, as well as caregivers, incur substantial indirect costs based on missed days or lost productivity at work. Thus, there is an unmet need for effective, well-tolerated therapies. In two phase III studies [TRuE-AD1 (NCT03745638) and TRuE-AD2 (NCT03745651)], patients who applied ruxolitinib cream, a topical selective inhibitor of Janus kinase (JAK) 1 and JAK2 in development for the treatment of AD, reported greater improvements in daily activities and work productivity using the Work Productivity and Activity Impairment (WPAI) questionnaire vs. vehicle over 8weeks of treatment. Overall work impairment from the WPAI questionnaire in the TRuE-AD1 and TRuE-AD2 studies was used to construct an economic model of lost productivity using a human capital approach. This model estimated the annual cost of lost productivity due to AD, as well as the incremental cost savings to an employer with the use of ruxolitinib cream vs. vehicle cream for the treatment of AD. The proportion of time with overall work impairment was combined with epidemiological data on prevalence and employment status of patients with AD [assuming 79% and 21% of employed patients are employed full time and part time, respectively [Andersen L, Nyeland ME, Nyberg F. Increasing severity of atopic dermatitis is associated with a negative impact on work productivity among adults with atopic dermatitis in France, Germany, the U.K. and the U.S.A. Br J Dermatol 2020;182:1007-16)] and median weekly income for full-and part-time workers from the US Bureau of Labor Statistics (full-time: $968 for men and $843 for women; part-time: $375 for men and $356 for women). Patients from the two studies had a median age of 32years; 61.7% were female. Data were extrapolated to 52weeks by calculating the indirect cost per 2-week increments over the 8-week trial period, then applying the overall work impairment at 8weeks for the remaining 44weeks of the year. Results are presented for a single employed patient with AD and also for an employer-sponsored health plan in the USA [assuming 0.82% of participants with AD (Clark R, Bozkaya D, Levenberg M etal. Topical treatment utilization for patients with atopic dermatitis in the United States, and budget impact analysis of crisaborole ointment, 2. J Med Econ 2018;21:770-7), 54.5% employed (Andersen etal.) and 59.0% treated (Clark etal.)]. At baseline, patients who applied twice-daily ruxolitinib 0.75% cream, ruxolitinib 1.5% cream and vehicle cream had an overall work impairment of 33.6%, 31.8% and 36.4%, respectively. Work impairment was reduced in patients who applied ruxolitinib 0.75% and 1.5% cream vs. vehicle at week 2 (18.0% and 17.8% vs. 32.4%), week 4 (16.8% and 14.7% vs. 29.4%) and week 8 (14.3% and 15.5% vs. 31.0%). Total indirect costs incurred during this 8-week period were $1313 and $1243 vs. $2008 for ruxolitinib 0.75% cream and ruxolitinib 1.5% cream vs. vehicle, respectively. Compared to a patient receiving vehicle, incremental annual indirect cost savings for a patient receiving ruxolitinib 0.75% or 1.5% cream were $5301 and $4226, respectively. Using these per-patient indirect cost savings amounts, the incremental annual indirect cost savings were approximately $14 million and $11 million for a 1 000 000-member health plan if patients were treated with ruxolitinib 0.75% cream or ruxolitinib 1.5% cream, respectively, compared to vehicle. In summary, the results of this model show that use of ruxolitinib cream is estimated to reduce substantially indirect cost burden on the patient and the payer.

Database: EMBASE

13. Patients with nodular prurigo commonly have pre-existing psychological disease, which requires treatment concomitant with cutaneous treatments

Author(s): Pathmarajah P.; Gkini M.-A.; Bewley A.; Fox H.; Taylor R.

Source: British Journal of Dermatology; Sep 2021; vol. 185 (no. 3)

Publication Date: Sep 2021

Publication Type(s): Conference Abstract

Available at The British journal of dermatology - from Wiley Online Library

Abstract: Nodular prurigo (NP) is a condition of both the skin and the mind, defined as multiple localized or generalized itchy nodules that become excoriated as a result of intractable pruritus. Retrospective data were collected from patients who had attended a psychodermatology clinic at least once between January 2007 and February 2017. The purpose of this study was to assess whether patients with NP had a pre-existing and/or concurrent psychological disorder, and to explore whether concomitant treatment of the psychological disorder improved outcomes for patients with NP. Forty patients were analysed [28 were females (70%), 12 males (30%), aged 18-93 years (mean 53.9)]. The majority of patients with NP were from a white ethnic background, despite the geographical area explored in this study having one of the lowest proportions of white British people in the UK. Almost two-thirds (65%) had either a current or past history of a psychiatric disorder. Of these, the most common mental health disorders were depression (46%), anxiety (19%) and schizoaffective disorder (15%). In total, there were 35 different treatments prescribed for the 40 patients in this study. Clinicians used psychotropic medication in 32 patients, at least one form of cognitive behavioural therapy (including habit reversal and/or psychotherapy) in 16 patients, phototherapy in 21 patients and steroid preparation in 19 patients. The remission rate of NP was low. Of the 40 patients, only 16 (40%) were better at the time the data was collected and had been discharged. Of these, 14 were on a range of combination therapies and the other two were on monotherapy. In conclusion, NP is a condition of the skin and mind that has been a recognized entity for a long time, although the treatment pathway remains poorly defined. The management of NP still follows the notion of trial-and-error, which is reflected in the wide array of treatments currently used for NP in our study. Our data also suggest that patients with NP respond better with a combination of any of phototherapy, psychotropic medication and topical treatment. It is hoped that guidelines and pathways for the treatment of NP can be standardized. It can be argued that lifestyle factors need to be addressed to improve outcomes and facilitate discharge. While treatment via a multidisciplinary approach within a specialist psychodermatology clinic is recommended, the prognosis remains fairly poor.

Database: EMBASE

14. Topical steroid withdrawal: An emerging clinical problem

Author(s): Sung-Rab Brookes T.; Barlow R.; Mohandas P.; Bewley A.

Source: British Journal of Dermatology; Sep 2021; vol. 185 (no. 3)

Publication Date: Sep 2021

Publication Type(s): Conference Abstract

Available at The British journal of dermatology - from Wiley Online Library

Abstract: Topical steroid withdrawal (TSW) is the clinical manifestation of inappropriate, prolonged, frequent use of mid-to-high potency topical corticosteroids (TCS) thought to be secondary to nitric oxide-mediated vasodilation. No consensus diagnostic criterion exists. TSW is frequently interpreted as flaring of the underlying disorder or contact allergy to topical treatment. Irrespective of academic divide, a distinct phenotype clearly manifests after chronic inappropriate use of TCS with reported improvement following the discontinuation of TCS (Sheary B. Topical steroid withdrawal: a case series of 10 children. Acta Dermatovenereol 2019;99:551-6). Further characterization is required, as recognized by the National Eczema Society, UK. A retrospective case note review of patients from January 2019 to January 2021 in our multidisciplinary (MDT) psychodermatology service identified 11 cases of TSW (nine females and two males; age range 22-48 years). All 11 had underlying atopic dermatitis. The most frequently reported features included burning, redness, swelling, pain and itching. Two distinctive patterns regarding TCS were noted; worsening of symptoms upon reducing or stopping TCS and worsening upon restarting TCS; the one patient patch tested was negative to the steroid series. Similar patterns were noted with calcineurin inhibitors and emollients. Eczema was typically severe, with three patients undergoing recurrent admissions for infected eczema. There was a high burden of comorbid anxiety and depression. Dermatology Life Quality Index scoring was recorded for two patients, and was 12 and 15, respectively. All patients reported a profound effect on daily living. Eight patients presented with their online research; four of whom sought private consultation with international dermatologists, in Japan and the USA. Nonconventional self-funded treatments included traditional Chinese medicine, acupuncture, handheld ultraviolet devices, no moisture regimens, organic beef fat-based emollients and herbalists. Improvements were noted in the

context of open psychodermatology consultations with earlier introduction of phototherapy, systemics and biologics. Symptomatic relief was achieved with amitriptyline, gabapentin and extended courses of low-dose antibiotics. TSW compounded by COVID-19 isolation has driven patients to seek help from unregulated online sources, heightening the burden of mental, social and physical morbidity. This is complicated by the rise in social media and the constantly changing landscape of influencer-endorsed products and skin regimes. Patients with TSW need to be heard and acknowledged by the medical community. We therefore advocate a holistic approach in the setting of an MDT psychodermatology service to improve outcomes.

Database: EMBASE

15. Impact of childhood psoriasis on children and parents: An interpretative phenomenological analysis

Author(s): Day M.; Heapy C.; Norman P.; Thompson A.; Emerson L.-M.; Murphy R.

Source: British Journal of Dermatology; Sep 2021; vol. 185 (no. 3)

Publication Date: Sep 2021

Publication Type(s): Conference Abstract

Available at The British journal of dermatology - from Wiley Online Library

Abstract: Childhood psoriasis can lead to anxiety, stigmatization and reduced quality of life in children and parents managing the condition. However, while there have been many qualitative studies with adults with psoriasis there has been little in-depth psychosocial research focusing on the disease in childhood. This study aimed to investigate the experience of both children and parents, with a view to highlighting psychosocial issues that might need to be addressed when providing holistic family-centred dermatology care. Participants were recruited in parent-child dyads via collaborating NHS services or via a study advert placed on social media. Sixteen interviews with eight parent-child dyads provided in-depth accounts of the experiences of living with psoriasis. The number of participants sought was commensurate with sample sizes recommended for Interpretative phenomenological analysis (IPA). Participants provided demographic and background information, ratings of psoriasis severity and of quality of life. Parents (seven mothers and one father) were aged between 33 and 49 years and the children were aged between 10 and14 years (four boys and four girls). Age of onset ranged from 2 to 11 years. The modal psoriasis severity rating was moderate. Interview transcripts were iteratively analysed using standard IPA procedures to develop a summary structure of superordinate and subthemes. In order to ensure rigor within the method, the analytic process was subject to a detailed audit process. Psoriasis was reported as having a large impact on family life, relationships and communication, the focus of which changed over time. The initial period of seeking an effective treatment and the acceptance of the nature of the disease were reported as being particularly difficult for families, while shifting responsibilities for management became an issue during adolescence. Both parents and children described the impact of having a visible condition that attracted stigmatizing reactions as being the most significant aspect of living with the condition. Significant sources of stress arose from the perceived extent and meaning of the visible difference, the perception of psoriasis treatment on family functioning, and how families coped with the uncertainty and the lack of control inherent in managing a long-term condition. This suggests a number of targets for intervention that could be tailored to the changing priorities of families over the course of treatment.

Database: EMBASE

16. 26433 Interventions for skin wellbeing clinics in for health care staff during the SARS-CoV2 outbreak: A perspective from London (UK)

Author(s): Paul N.; Saha M.; Daly M.-L.; Citarella L.; Sundararaj K.; D'Cruz A.; Fonia A.; Healy R.; Novakovic L.; Shanks A.

Source: Journal of the American Academy of Dermatology; Sep 2021; vol. 85 (no. 3)

Publication Date: Sep 2021

Publication Type(s): Conference Abstract

Abstract:

Introduction: An acute increase of dermatologic conditions occurred in National Healthcare System (NHS) health care workers (HCW) during the SARS-CoV2 outbreak. Novel "skin wellbeing" clinics were established to support colleagues.

Method(s): HCW self-referred to dermatologists during an 8-week period in spring 2020. Clinics were supported by clinical nurse specialists in tandem to a publication of a departmental advice leaflet. Attendees were provided with samples of emollients, dressings, prescriptions and consultations free of charge.

Result(s): A total of 90 electronic medical records were analyzed retrospectively. Parameters included age, sex, ethnicity, diagnosis, previous history, interventions, and investigations. Of 80 new attendances, the commonest complaint was hand dermatitis (57; 71%) followed by (PPE) related skin conditions (33; 41.3%) and flares of pre-existing skin disease (15; 18.8%). A total of 197 separate prescription items were issued. Topical corticosteroid prescriptions were comprised of mild (9), moderate (23), potent (27) and very potent (14) preparations, 4 combined with calcipotriol monohydrate, fusidic acid 2%, miconazole nitrate 2% and clotrimazole 1.0%. Other topical preparations included ketoconazole 2% (1), tacrolimus 0.1% (3), ivermectin 1% (1), azelaic acid 15% (1), adapalene 0.1% (1), adapalene with benzoyl peroxide (1), and combined clindamycin 1% with benzoyl peroxide 5% (8). Oral prescription medications included lymecycline (1) and doxycycline (1). Remaining items included emollients, soap substitutes, cleansing solutions and barrier creams.

Discussion(s): Our study demonstrates a significant burden of occupational dermatologic disease in HCWs as a direct consequence of the pandemic. We discuss measures implemented locally to aid staff recovery and share our experience.

Database: EMBASE

17. 26918 Describing real-world pediatric psoriasis patients in the US and EU5

Author(s): Chapman-Rothe N.; Richardson C.; Van Der Meulen F.; Bachhuber T.; Scott A.; Tian H.; Lobosco S.; Lucas J.; Meakin S.; Hetherington J.; Piercy J.

Source: Journal of the American Academy of Dermatology; Sep 2021; vol. 85 (no. 3)

Publication Date: Sep 2021

Publication Type(s): Conference Abstract

Abstract:

Methods: Data were drawn from the 2020 Adelphi pediatric psoriasis Disease Specific Programme; a point-in-time survey of physicians and their patients in the US, France, Germany, Italy, Spain, UK. Physicians reported patient demographics, clinical status and treatment history.

Result(s): Analysis included 281 physicians completing data for 2869 patients currently undergoing treatment (topicals/phototherapy/systemics), 29.3% were aged 6-11 years and 67.9% aged 12-17 years, 46.9% were female and 53.1% male. Among patients undergoing treatment, 31.4% were physician categorized at initiation of current treatment as mild, 54.2% moderate, and 14.4% severe. Currently, 78.5% were physician categorized as mild, 19.9% moderate, and 1.6% severe. Currently mild patients exhibited evidence of existing disease burden: 73.8% remained symptomatic, 36.3% had not achieved remission (physician-judged); with 70.5% of mild patients only ever receiving topicals. Moderate and severe patients exhibited high disease burden, currently, at the time of initiating current treatment, and at diagnosis (as measured by BSA, PASI, sPGA, number of symptoms and number of body areas affected); with 84.4% of moderate and 71.7% of severe patients having never received a biologic. Similar findings were observed in patients aged 6-11 vs 12-17 years.

Conclusion(s): Despite being in physician care and receiving treatment, pediatric psoriasis patients still suffered from moderate and severe disease and exhibited high disease burden, suggesting the current treatment approach is insufficient. There is also evidence that some currently mild patients may require more intensive therapy.

Database: EMBASE

18. 26652 Patient and caregiver perspectives on treatment attributes for atopic dermatitis

Author(s): Zeichner J.; Feldman S.R.; Ervin C.; Crawford R.; Evans E.; Zielinski M.A.; Cappelleri J.C.; Takiya L.; Myers D.E.; DiBonaventura M.

Source: Journal of the American Academy of Dermatology; Sep 2021; vol. 85 (no. 3)

Publication Date: Sep 2021

Publication Type(s): Conference Abstract

Abstract:

Background: Treatment preferences among patients with atopic dermatitis (AD) are not well characterized. This qualitative study aimed to describe attributes that influence treatment preference from the patient and caregiver perspectives.

Method(s): Face-to-face interviews were conducted in adults (>18 years), adolescents (12-17 years), and caregivers of children (2-11 years) with mild/moderate/severe AD in the US and UK. AD diagnosis and severity (using the Patient-Oriented Eczema Measure) were self-reported.

Result(s): 103 interviews were conducted (US = 51; UK = 52; mild = 43; moderate = 47; severe = 13) with 35 adults (mean age = 49.0 years), 33 adolescents (mean age = 14.0 years), and 35 caregivers (child mean age = 7.7 years). Most patients were currently receiving topical treatment (adults: 97.1%; adolescents: 90.9%; children: 91.4%). The importance of specific treatment attributes was generally consistent across country/age/severity. The most important treatment attributes included: efficacy (96.1%, time to reduction in itch/skin clearance/duration of effect), mode of administration (66.0%, mode/ease of use/frequency), and side effects (55.3%, short/long term), with caregivers most commonly ranking safety as the most important attribute. The topical attribute "messy/greasy/oily" was most commonly included among those that least influenced treatment preference. 81%-100% of participants were willing to switch from topical to oral treatment for increased efficacy and convenience; participants were less willing to switch to an injectable (47%-81%).

Conclusion(s): Efficacy, mode of administration, and safety were the attributes that most greatly influenced patient and caregiver AD treatment preference across country/age/severity in this unique qualitative study. The results may assist patients/caregivers/clinicians in shared decision-making discussions to improve treatment adherence and outcomes.

Database: EMBASE

19. 26509 Interleukin-23 inhibitors for the treatment of psoriasis in the UK: Early experience of a single secondary care department

Author(s): Livesey A.; Cooper H.

Source: Journal of the American Academy of Dermatology; Sep 2021; vol. 85 (no. 3)

Publication Date: Sep 2021

Publication Type(s): Conference Abstract

Abstract:

Background: Interleukin (IL)-23 inhibitors are licensed for moderate to severe chronic plaque psoriasis, when other treatment options are contraindicated or unsuccessful. Although clinical trials demonstrated high efficacy, limited real-world experience is reported.

Method(s): We reviewed medical records for adult patients with chronic plaque psoriasis prescribed IL-23 inhibitors in a single UK center.

Result(s): Fifty-six patients were prescribed guselkumab or risankizumab between July 2018 and May 2020. All had previously failed nonbiologic systemic treatments (mean 3, range 1-8) and 47 (84%) had failed at least one biologic (mean 2, range 1-5). Forty-eight patients had an initial review at a minimum of 16 weeks postinduction. Pre- and posttreatment PASI was recorded in 26. Of these, all achieved either a PASI75 or PASI50 with a 5 point reduction in DLQI score. Mean posttreatment PASI was 2 (0-16.2) with 14 patients (56%) achieving PASI 12 months ago, 25 (81%)

remain satisfied with continuing treatment. Eleven patients (20%) discontinued treatment; 4 primary treatment failures, 3 secondary treatment failures and 4 due to the pandemic. One patient was diagnosed with self-limiting COVID-19. One patient died from metastatic melanoma.

Conclusion(s): Early data suggest that IL-23 inhibitors are well-tolerated, with initial improvement observed in the majority of patients in a UK population. A treatment-resistant subgroup remains a challenge and may represent a unique phenotype.Copyright © 2021

Database: EMBASE

20. Daily Moisturization for Atopic Dermatitis: Importance, Recommendations, and Moisturizer Choices

Author(s):

Source: The Journal for Nurse Practitioners; Sep 2021; vol. 17 (no. 8); p. 920

Publication Date: Sep 2021

Publication Type(s): Journal Article

Available at The Journal for Nurse Practitioners - from ProQuest (Health Research Premium) - NHS Version

Available at The Journal for Nurse Practitioners - from Unpaywall

Abstract: Topical moisturizers are the core treatment for atopic dermatitis (AD), with treatment guidelines recommending at least daily thorough moisturization of both lesional and nonlesional skin. Ultimately, moisturizer selection is an individual, personal choice, but, surprisingly, few moisturizers have published efficacy and acceptability data to support decision making. This clinical feature emphasizes the value of daily moisturization for AD and summarizes the moisturizer types available. Nurse practitioners/physician assistants manage and educate patients and caregivers on optimizing this key aspect of disease management. Nurse practitioner/physician assistant interventions may lead to impressive increases in moisturizer use and reductions in chronic AD severity.

Database: BNI

21. Dermatology nurses view on factors related to Danish psoriasis patients' adherence to topical drugs: a focus group study.

Author(s): Svendsen, Mathias Tiedemann; Feldman, Steven R; Tiedemann, Sylvia Naiga; Stochholm Sørensen, Anne Sofie; Rivas, Cecilie Marie Ringgaard; Andersen, Klaus Ejner

Source: The Journal of dermatological treatment; Aug 2021; vol. 32 (no. 5); p. 497-502

Publication Date: Aug 2021

Publication Type(s): Journal Article

PubMedID: 31664863

Abstract:

BACKGROUND: Topical medications are first-line treatment for mild-to-moderate psoriasis, but adherence is low, which negatively affects patients' outcomes and quality of life. Nurses can play a central role in patient care, particularly in improving adherence.

OBJECTIVES: To explore the experience of dermatology nurses with psoriasis patients' adherence to topical drugs.

METHODS: We conducted a semi-structured focus group study with 6 dermatology nurses and 2 dermatology nursing students. Participants were recruited from a dermatology hospital outpatient clinic. Data were analyzed by a systematic text condensation method with a phenomenological-hermeneutic approach.

RESULTS: Nurses experienced that factors such as social inequality, patient-centered nursing, and patients' quality of life can have an influence on adherence.

CONCLUSION: Optimal adherence to topical treatments is a complex exercise and is influenced by many different factors. Involving nurses when prescribing topical treatments may be beneficial since they are one of the most

trustworthy professions and have a holistic view on psoriasis severity, patient preferences, health care resources available and socioeconomic factors.

Database: Medline

22. Patient-reported outcomes with risankizumab versus fumaric acid esters in systemic therapy-naïve patients with moderate to severe plaque psoriasis: a phase 3 clinical trial.

Author(s): Thaçi, D; Soliman, A M; Eyerich, K; Pinter, A; Sebastian, M; Unnebrink, K; Rubant, S; Williams, D A; Weisenseel, P

Source: Journal of the European Academy of Dermatology and Venereology : JEADV; Aug 2021; vol. 35 (no. 8); p. 1686-1691

Publication Date: Aug 2021

Publication Type(s): Randomized Controlled Trial Journal Article

PubMedID: 33428281

Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Wiley Online Library

Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Unpaywall

Abstract:

BACKGROUND: In a phase 3 clinical study, patients from Germany with moderate to severe psoriasis who were naïve to systemic treatment and received risankizumab had greater and more rapid disease improvements compared with those who received fumaric acid esters (FAEs).

OBJECTIVE: To evaluate patient-reported outcomes (PROs) in patients treated with risankizumab compared with FAEs.

METHODS: Adult patients were randomized 1:1 to receive either risankizumab 150 mg subcutaneous injections at weeks 0, 4 and 16 or FAEs (Fumaderm®) provided according to the prescribing label. PRO secondary endpoints assessed were Psoriasis Symptom Scale (PSS), Dermatology Life Quality Index (DLQI), 36-Item Short Form Health Survey, version 2 (SF-36v2), Patient Benefit Index (PBI), Hospital Anxiety and Depression Scale (HADS), Patient Global Assessment (PtGA) and European Quality of Life 5 Dimensions 5 Level (EQ-5D-5L). PROs were assessed at weeks 0, 16 and 24.

RESULTS: Sixty patients each were randomized to receive risankizumab or FAEs. A significant PSS improvement was observed with risankizumab vs. FAEs at weeks 16 and 24 for total and psoriasis-associated redness, itching and burning scores ($P < 0.001$). DLQI scores were significantly lower (reflecting better health-related quality of life) with risankizumab vs. FAEs, with least squares (LS) mean differences of -7.4 and -7.6 at weeks 16 and 24, respectively (both $P < 0.001$). Patients randomized to risankizumab also had larger improvements in SF-36 Physical and Mental Component Summary scores, HADS anxiety and depression scores, PtGA, and EQ-5D-5L index and visual analogue scale scores (all $P \leq 0.002$) at weeks 16 and 24 compared with FAEs. PBI was significantly higher, indicating greater benefit, with risankizumab vs. FAEs, with an LS mean difference of 1.1 and 1.3 at weeks 16 and 24, respectively (both $P < 0.001$).

CONCLUSIONS: Risankizumab provides significant benefits over FAEs in improving PROs across several dimensions in patients with moderate to severe psoriasis.

Database: Medline

23. Methodological considerations related to the use of primary and secondary care data in identifying a cohort of moderate to severe psoriasis patients in the UK

Author(s): Warden J.; Dareng E.; Venkatesan S.; Pujades-Rodriguez M.; Ann Q.; Layton D.; Kou T.D.

Source: Pharmacoepidemiology and Drug Safety; Aug 2021; vol. 30 ; p. 272-273

Publication Date: Aug 2021

Publication Type(s): Conference Abstract

Available at Pharmacoepidemiology and Drug Safety - from Wiley Online Library

Abstract:

Background: Psoriasis as a clinical entity is well recorded in EHRs ranging from 82% to 90%. However, disease severity is not well captured but may be inferred from treatment (topical vs systemic).

Objective(s): In this study, we aim to explore the ability to ascertain psoriasis severity using a primary care data source IMRD representative of general practices in the UK and a secondary care data source HTI which contains details of hospital admissions and outpatient care in NHS hospitals in England.

Method(s): The study period was from January 2015 to October 2019 in HTI and to January 2020 in IMRD. Two case definitions were applied: a narrow case definition, defined as at least one READ code or ICD-10 code indicating psoriasis and at least one prescription record of 2nd line of therapy (LoT) (phototherapy, methotrexate, ciclosporin and retinoids) or 3rd LoT (apremilast, dimethyl fumarate, TNFI and Non-TNFI biologics); and a broad case definition which included the narrow case definition plus at least one auxiliary information, such as percent of body surface area affected (>10%), severity index score, physician global assessment, simple measure for assessing psoriasis activity, dermatology life quality index (DLQI) and referrals to rheumatologists and dermatologist. Descriptive analysis were used to estimate the proportions of patients fulfilling each case definition, by data source as well the proportion of patients diagnosed based on broad case definition, who were misclassified when a narrow case definition was used.

Result(s): Within the study, 123,551 and 139,609 patients were identified with psoriasis in IMRD and HTI respectively. Of these, 2.7% (3,318) and 8.7% (12,179) patients were identified as moderate to severe psoriasis in IMRD and HTI using the narrow case definition. The broad case definition increased the population to 64.0% (78,951) and 68.2% (95,219) in IMRD and HTI. The extent of severity status misclassification was 64% in IMRD and 73% in HTI. Of the broad case definition criteria, only referrals to rheumatology and dermatology were available in HTI, while referrals and DLQI were available in IMRD.

Conclusion(s): This study highlights some of the challenges in defining psoriasis disease severity using primary care and secondary care data sources in the UK. As expected more patients were observed in HTI vs. IMRD. Auxiliary information increased both moderate to severe populations significantly suggesting high potential (>60%) for disease misclassification if case definition is too narrow. These results can be used to provide recommendations for future studies on moderate to severe psoriasis populations.

Database: EMBASE

24. Epidemiology of skin event rates among users of pumps for the subcutaneous administration of drugs for chronic conditions based upon the United Kingdom (UK) Clinical Practice Research Datalink (CPRD) GOLD

Author(s): Jick S.S.; Persson R.; Oleske D.M.; Zamudio J.I.; Facheris M.F.

Source: Pharmacoepidemiology and Drug Safety; Aug 2021; vol. 30 ; p. 216-217

Publication Date: Aug 2021

Publication Type(s): Conference Abstract

Available at Pharmacoepidemiology and Drug Safety - from Wiley Online Library

Abstract:

Background: Safety data on long-term use of pumps for subcutaneous administration of drugs for chronic conditions are limited.

Objective(s): The purpose of this study was to understand the frequency and type of skin events occurring during pump use in two different general practice patient populations.

Method(s): Using CPRD GOLD, we conducted a descriptive cohort study of new users of an apomorphine or an insulin pump, aged 30+ years, for Parkinson's disease or diabetes, respectively. We followed patients from first pump prescription through pump cessation, death or end of follow-up and identified all of the following skin events: skin infections, skin nodules/localized swelling, dermatitis/eczema, urticaria/erythema, rash/other non-specific skin

eruptions. Using Byer's method, we estimated incidence rates (IRs) per 1000 person-months (PM) with 95% confidence intervals (CI) (allowing for multiple events per patient) for each type of skin event and for the composite of all skin events, separately for apomorphine pump (AP) cohort and insulin pump (IP) cohort.

Result(s): There were 255 AP patients (38% female, mean age 67) and 302 IP patients (59% female, mean age 45). Of the AP cohort, 51% ceased use within 17 months; 10% of the IP cohort ceased use within 41 months. By 60 months, approximately 40% of both cohorts had a recorded skin event. The overall composite skin event rate in the AP cohort was 17 (95% CI 14 - 21) per 1000 PM and 13 (95% CI 11 - 15) per 1000 PM in the IP cohort. Rates were higher among females than males in both cohorts (AP: 23 [95% CI 18 - 30] vs. 13 [95% CI 10 - 18] per 1000 PM and IP: 15 [95% CI 13 - 18] vs. 9 [95% CI 7 - 12] per 1000 PM). There was no trend by age or body mass index. The highest rates of skin events were noted close to AP pump initiation (AP rate: 36 [95% CI 10 - 93] per 1000 PM in weeks 1-2 and 50 [95% CI 19 - 110] per 1000 PM in weeks 3-4), with lower rates after 4 weeks. The IP users' rate was around 13 per 1000 PM over the full duration of treatment. The most common skin event categories in both cohorts were infection (AP 9 [95% CI 7 - 12] per 1000 PM and IP 5 [95% CI 4 - 6] per 1000 PM) and rash/non-specific skin eruptions (AP 5 [95% CI 4 - 7] per 1000 PM and IP 4 [95% CI 3 - 6] per 1000 PM). Events were rare in other categories.

Conclusion(s): Clinically important skin events, particularly skin infections and other non-specific skin eruptions, were common among subcutaneous pump users throughout use. Skin events were higher among females than males and were somewhat higher in apomorphine pump users than insulin pump users.

Database: EMBASE

25. The BMJ Awards 2021: Dermatology team of the year.

Author(s): Wise, Jacqui

Source: BMJ (Clinical research ed.); Aug 2021; vol. 374 ; p. n1991

Publication Date: Aug 2021

Publication Type(s): Journal Article

PubMedID: 34413057

Available at BMJ (Clinical research ed.) - from BMJ Journals

Available at BMJ (Clinical research ed.) - from BMJ Journals

Database: Medline

26. Quality of psoriasis care in Germany - results from the nationwide health care studies PsoHealth 2004-2017.

Author(s): Langenbruch, A; Mohr, N; Kirsten, N; Reich, K; von Kiedrowski, R; Strömer, K; Mrowietz, U; Augustin, M

Source: Journal of the European Academy of Dermatology and Venereology : JEADV; Jul 2021; vol. 35 (no. 7); p. 1536-1542

Publication Date: Jul 2021

Publication Type(s): Journal Article

PubMedID: 33714231

Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Wiley Online Library

Available at Journal of the European Academy of Dermatology and Venereology : JEADV - from Unpaywall

Abstract:

BACKGROUND: In the study series PsoHealth first data from 2004/05 showed a poor quality of health care for psoriasis in Germany. Most patients lacked sufficient care and only a minor proportion received systemic drugs. Since 2007, a national psoriasis programme has been conducted.

OBJECTIVES: (1) To analyse the quality of health care for psoriasis in the most recent PsoHealth4 survey 2016/17, (2) to compare health care quality indicators with prior assessments since 2004/05.

MATERIALS AND METHODS: The recent cross-sectional PsoHealth4 survey was conducted 2016/17, and three preceding studies were performed in 2004/05, 2007 and 2013/14, each including at least 1500 patients. The common set of quality indicators included disease severity (PASI and proportion of patients with PASI > 20, indicating high severity), quality of life (DLQI and proportion of patients with DLQI > 10, indicating strong impairments in quality of life), systemic therapy and inpatient treatment of the last five years.

RESULTS: Between December 2015 and December 2017, n = 1827 patients from 93 dermatological centres were included in the most recent survey (mean age: 50.8 ± 14.6 years, 45.2% female). 7.3% showed a PASI > 20, compared to 17.8% in 2004/05. 21.4% reported a DLQI > 10, compared to 34.0% in 2004/05. 57.6% of all participants stated to have received a systemic therapy at least once within the last five years, compared to 32.9% in 2004/05. 18.0% received inpatient hospital treatment at least once within the last five years, compared to 26.9% in 2004/05.

CONCLUSION: A remarkable improvement in the health care quality for psoriasis patients in Germany within the past 12 years can be assumed. Major determinants could be the innovation shift which included programmes such as the S3 guideline, a consensus on treatment goals, national health care goals for psoriasis and higher utilisation of innovative drugs.

Database: Medline

27. The necessity of patch testing in determining the causative drug of AGEP.

Author(s): Mofarrah, Ramin; Mofarrah, Ramina; Oshriehye, Mostafa; Ghobadi Aski, Sueshianth; Nazemi, Nazanin; Nooshiravanpoor, Peyman

Source: Journal of cosmetic dermatology; Jul 2021; vol. 20 (no. 7); p. 2156-2159

Publication Date: Jul 2021

Publication Type(s): Case Reports Journal Article

PubMedID: 33190407

Available at Journal of cosmetic dermatology - from Wiley Online Library

Abstract:

BACKGROUND: Acute Generalized Exanthematous Pustulosis (AGEP)is a rare, severe skin reactionmainly caused by medications such as antibiotics, anti fungals, Calcium channel blockers and Anti malarias. Although it resolves spontaneously in most patients, systemic corticosteroids are neededin severe cases.AIMSIn order to determine the drug that is causing this condition, patch testing must be performed. Hydroxychloroquine is a medication that is used for the treatment of rheumatic and dermatologic conditions. And although it has been rarely seen to cause this reaction, we report a case of Hydroxychloroquine-induced (HCQ) AGEP which was confirmed by Patch testing.

PATIENTS: A woman 49 years of age with an18 month history of mild, untreated Rheumatoid Arthritis experienced an acute episode of arthritis in her right elbow. Upon going to a rheumatologist, Prednisolone 5 mg BID and HCQ 200 mg daily were administered for a 30-day period. But after only 17 days of this treatment, the patient developed generalized erythema and painful pustular eruptions. Prednisolone dosage was changedto 7.5 mg per day andHCQ was discontinued one day afterthe appearance of eruptions. The diffuse erythema started improving a week after the patient's hospitalization.Considering the factthat our patient was receiving multiple potentially causative medications, patch testing was necessary to distinguish the drug responsible for this reaction.

RESULTS: After the patch testing was done, HCQ-induced AGEP was confirmed.

CONCLUSIONS: Patch testing is the gold standard of determining the responsible drug for an AGEP reaction. It should also be kept in mind that HCQ, although rarely, can cause this condition.

Database: Medline

28. Current prevalence and relevance of positive patch test reactions to cosmetic and noncosmetic isothiazolinones in the UK

Author(s): Soriano L.F.; Chowdhury M.M.U.; Cooper S.M.; Cousen P.; Havelin A.; Dawe S.; Holden C.R.; Ramoutar A.; Johnston G.A.; Orton D.I.; Stone N.M.; Thompson D.A.; Buckley D.A.

Source: British Journal of Dermatology; Jul 2021; vol. 185 (no. 1); p. 223-225

Publication Date: Jul 2021

Publication Type(s): Letter

PubMedID: 33657657

Available at The British journal of dermatology - from Wiley Online Library

Database: EMBASE

29. Barriers to shared decision-making with women of reproductive age affected by a chronic inflammatory disease: a mixed-methods needs assessment of dermatologists and rheumatologists.

Author(s): Murray, Suzanne; Augustyniak, Monica; Murase, Jenny E; Fischer-Betz, Rebecca; Nelson-Piercy, Catherine; Peniuta, Morgan; Vlaev, Ivo

Source: BMJ open; Jun 2021; vol. 11 (no. 6); p. e043960

Publication Date: Jun 2021

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 34135086

Available at BMJ open - from BMJ Journals

Available at BMJ open - from Europe PubMed Central - Open Access

Available at BMJ open - from HighWire - Free Full Text

Available at BMJ open - from ProQuest (Health Research Premium) - NHS Version

Available at BMJ open - from Unpaywall

Abstract:

OBJECTIVES: The main study objective was to identify challenges and barriers experienced by dermatologists and rheumatologists when engaging women of reproductive age in shared decision-making (SDM) related to treatment and management of chronic inflammatory disease (CID) before, during and after pregnancy.

DESIGN: A mixed-methods study was conducted, employing (1) semistructured interviews, (2) an online survey and (3) triangulation of findings.

PARTICIPANTS: 524 dermatologists and rheumatologists entered the study; 495 completed it; 388 met inclusion criteria for analysis. Participants were included if actively practising in Germany (GER), the UK or the USA; had a minimum 5% caseload of female patients of reproductive age with either axial spondyloarthritis, psoriasis, psoriatic arthritis or rheumatoid arthritis; and had experience prescribing biologics.

RESULTS: 48 interviews and 340 surveys were analysed. Interviews underscored dermatologists and rheumatologists' suboptimal integration of SDM in clinical practice. In the survey, 90% (n=305) did not know about SDM models. A perceived lack of competency counselling patients on pregnancy and family planning was also identified during interviews. Among the survey sample, 44% (n=150) of specialists agreed they preferred leaving pregnancy-related discussions to obstetricians and/or gynaecologists and 57% (n=189) reported having suboptimal skills discussing contraceptive methods with patients. Another finding that emerged from interviews was the perception that all biologics are strictly contraindicated during pregnancy. Suboptimal knowledge was noted among 57% (n=95) of dermatologists and 48% (n=83) of rheumatologists surveyed in that regard, with a statistically significant difference by country among dermatologists (GER: 42% vs UK: 71% vs USA: 57%, p=0.015).

CONCLUSIONS: This study identified low levels of knowledge, skill and confidence, as well as attitudinal issues, that explain why SDM is not fully integrated in dermatology and rheumatology clinical practice. Blended-learning interventions are recommended to assist CID specialists in developing effective communication and patient engagement competencies.

Database: Medline

30. Clinical comparison of topical 2.5% benzoyl peroxide plus 5% niacinamide to 2.5% benzoyl peroxide alone in the treatment of mild to moderate facial acne vulgaris

Author(s): KAEWSANIT T.; CHAKKAVITTUMRONG P.; WARANUCH N.

Source: Journal of Clinical and Aesthetic Dermatology; Jun 2021; vol. 14 (no. 6); p. 35-41

Publication Date: Jun 2021

Publication Type(s): Article

Abstract:

BACKGROUND: The combination of benzoyl peroxide and a new topical therapy, such as topical niacinamide, reduces facial sebum production and also has a skin-lightening effect. This combined treatment might lead to improved efficacy in the treatment of facial acne vulgaris while also promoting the resolution of postacne erythema and postinflammatory hyperpigmentation.

OBJECTIVE(S): The primary objective was to evaluate and compare the clinical efficacy of topical 2.5% benzoyl peroxide plus 5% niacinamide and 2.5% benzoyl peroxide with cream base for mild to moderate facial acne vulgaris. Secondary objectives were to evaluate and compare clinical efficacy regarding postinflammatory hyperpigmentation, postacne erythema, reduction of facial sebum production, and side effects.

METHOD(S): Patients with mild to moderate facial acne vulgaris and aged 18 to 40 years were enrolled. Treatment was randomly assigned to the left or right side of the face for 12 weeks. Both inflammatory and noninflammatory acne lesions were counted by a physician, and the postinflammatory hyperpigmentation score and postacne erythema score were calculated using an Antera 3D camera (Miravex, Dublin, Ireland). Sebum casual level was measured using a Sebumeter (Courage+Khazaka Electronic, Koln, Germany) every two weeks. Physician improvement score, patient satisfaction index, and side effects were assessed by evaluation forms every two weeks.

RESULT(S): At Week 12, the niacinamide group (5% niacinamide+2.5% benzoyl peroxide) showed significant reduction in both the acne lesion count and sebum casual levels from baseline (p=0.000 and p=0.001, respectively). The reduction in noninflammatory lesion count in the niacinamide group was better than that in the cream base group (2.5% benzoyl peroxide+cream base), with a statistically significant difference (p=0.004). However, the reduction in inflammatory lesions was not significantly different between the two groups. The sebum casual level in the niacinamide group was reduced faster than that in the cream base group. The postacne erythema score was reduced from baseline in both groups, with no statistically significant difference within or between the two groups. The postinflammatory hyperpigmentation score showed increases in both groups above the baseline, with a statistically significant difference in the cream base group (p=0.000) but no such difference in the niacinamide group (p=0.58). There was no statistically significant difference between the two groups. Furthermore, no statistically significant differences were found between the two groups at every follow-up visit in terms of physician improvement scale, patient satisfaction index, or side effects.

CONCLUSION(S): The combination of 2.5% benzoyl peroxide and 5% niacinamide is more effective than 2.5% benzoyl peroxide alone for mild to moderate facial acne vulgaris.

Database: EMBASE

31. Composite Measures for Routine Clinical Practice in Psoriatic Arthritis: Testing of Shortened Versions in a UK Multicenter Study

Author(s): Tillett W.; FitzGerald O.; Coates L.C.; Packham J.; Jadon D.R.; Massarotti M.; Brook M.; Korendowych E.; Lane S.; Creamer P.; Antony A.; Rambojun A.; McHugh N.J.; Helliwell P.S.

Source: The Journal of rheumatology. Supplement; Jun 2021; vol. 97 ; p. 45-49

Publication Date: Jun 2021

Publication Type(s): Article

PubMedID: 34074666

Abstract:

OBJECTIVE: To test shortened versions of the psoriatic arthritis (PsA) composite measures for use in routine clinical practice.

METHOD(S): Clinical and patient-reported outcome measures (PROMs) were assessed in patients with PsA at 3 consecutive follow-up visits in a UK multicenter observational study. Shortened versions of the Composite Psoriatic Arthritis Disease Activity Index (CPDAI) and Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA) Composite Exercise (GRACE) measures were developed using PROMs and tested against the Disease Activity Score in 28 joints (DAS28), composite Disease Activity in Psoriatic Arthritis, and Routine Assessment of Patient Index Data (RAPID3). Discrimination between disease states and responsiveness were tested with the t-score, standardized response mean (SRM), and effect size (ES). Data were presented to members at the GRAPPA 2020 annual meeting and members voted on the recommended composite routine practice.

RESULT(S): The SRM for the GRACE, 3 visual analog scale (VAS), and 4VAS were 0.67, 0.77, and 0.63, respectively, and for CPDAI and shortened CPDAI (sCPDAI) were 0.54 and 0.55, respectively. Shortened versions of the GRACE increased the t-score from 7.8 to 8.7 (3VAS) and 9.0 (4VAS), but reduced the t-score in the CPDAI/sCPDAI from 6.8 and 6.1. The 3VAS and 4VAS had superior performance characteristics to the sCPDAI, DAS28, Disease Activity in Psoriatic Arthritis, and RAPID3 in all tests. Of the members, 60% agreed that the VAS scales contained enough information to assess disease and response to treatment, 53% recommended the 4VAS for use in routine care, and 26% the 3VAS, while leaving 21% undecided.

Conclusion. Shortening the GRACE to VAS scores alone enhances the ability to detect status and responsiveness and has the best performance characteristics of the tested composite measures. GRAPPA members recommend further testing of the 3VAS and 4VAS in observational and trial datasets.

Database: EMBASE

32. Composite Measures for Clinical Trials in Psoriatic Arthritis: Testing Pain and Fatigue Modifications in a UK Multicenter Study

Author(s): Tillett W.; FitzGerald O.; Coates L.C.; Packham J.; Jadon D.R.; Massarotti M.; Brook M.; Lane S.; Creamer P.; Antony A.; Korendowych E.; Rambojun A.; McHugh N.J.; Helliwell P.S.

Source: The Journal of rheumatology. Supplement; Jun 2021; vol. 97 ; p. 39-44

Publication Date: Jun 2021

Publication Type(s): Article

PubMedID: 34074665

Abstract:

OBJECTIVE: To test the addition of pain and fatigue to the Composite Psoriatic Arthritis Disease Activity (CPDAI) and the Group for Research and Assessment of Psoriasis and PsA (GRAPPA) Composite Exercise (GRACE) composite measures of psoriatic arthritis (PsA).

METHOD(S): Clinical and patient-reported outcome measures were assessed in patients with PsA at 3 consecutive follow-up visits over 6 months in a UK multicenter observational study. A pain visual analog scale and Functional Assessment of Chronic Illness Therapy Fatigue scale were added as modifications to the CPDAI and GRACE composite measures. Original and modified versions were tested against the PsA Disease Activity Score (PASDAS) and the Disease Activity Index for PsA (DAPSA). Discrimination between disease states and responsiveness were tested with t-scores, standardized response means (SRMs), and effect sizes. Data were presented to members at the 2020 annual meeting who then voted on the GRAPPA-recommended composite and treatment targets for clinical trials.

RESULT(S): One hundred forty-one patients were recruited with a mean PsA disease duration of 6.1 years (range 0-41 yrs). The SRMs for the GRACE and modified GRACE (mGRACE) were 0.67 and 0.64, respectively, and 0.54 and 0.46, respectively, for the CPDAI and modified CPDAI (mCPDAI). The t-scores for the GRACE and mGRACE were

unchanged at 7.8 for both, and 6.8 and 7.0 for the CPDAI and mCPDAI, respectively. The PASDAS demonstrated the best responsiveness (SRM 0.84) and discrimination (t-scores 8.3). Most members (82%) agreed the composites should not be modified and 77% voted for the PASDAS as the GRAPPA-recommended composite for clinical trials, with 90% minimal disease activity (MDA) as the target.

CONCLUSION(S): Modifying the CPDAI and GRACE with the addition of pain and fatigue does not enhance responsiveness nor the measures' ability to detect disease status in terms of requiring treatment escalation. GRAPPA members voted for the PASDAS as the composite measure in clinical trials and MDA as the target.

Database: EMBASE

33. Clinical and Economic Burden of Mild-to-Moderate Atopic Dermatitis in the UK: A Propensity-Score-Matched Case-Control Study

Author(s): Toron F.; Patel K.; Vasileva S.Z.; Neary M.P.; Smith T.W.; Cha A.; Gruben D.; Romero W.; Ameen M.

Source: Dermatology and Therapy; Jun 2021; vol. 11 (no. 3); p. 907-928

Publication Date: Jun 2021

Publication Type(s): Article

Available at Dermatology and therapy - from Europe PubMed Central - Open Access

Available at Dermatology and therapy - from ProQuest (Health Research Premium) - NHS Version

Available at Dermatology and therapy - from Unpaywall

Abstract:

Introduction: The burden of mild-to-moderate atopic dermatitis (AD) in the United Kingdom (UK) is not well understood. Long-lasting AD flares may lead to systemic inflammation resulting in reversible progression from mild to more severe AD. This study aimed to assess the clinical and economic burden of mild-to-moderate AD in the UK.

Method(s): AD patients were identified in the Health Improvement Network (THIN) from 2013 to 2017 and propensity score matched to non-AD controls by demographics. Patients were identified based on continuous disease activity using validated algorithms and sufficient patient status to fully validate data integrity for the entire period. Mild-to-moderate AD patients were identified by using treatment as a surrogate. Demographics, clinical characteristics and healthcare resource use (HCRU) were obtained from THIN. Literature reviews were conducted to obtain additional outcomes. A cost-of-illness model was developed to extrapolate the burden in 2017 to the UK population and in subsequent years (2018-2022).

Result(s): In 2017, the prevalence of mild-to-moderate AD in THIN was 1.28%. These patients reported higher comorbidity rates and significantly higher ($p < 0.0001$) HCRU, encompassing mean general practitioner visits (5.57 versus 3.59), AD-related prescriptions (5.85 versus 0.68) and total referrals (0.97 versus 0.82) versus matched non-AD controls. The model projected total HCRU and drug excess costs of 462.99M over the 5 years. The excess cost decreased to 417.35M after excluding patients on very potent topical corticosteroids, who most likely had at least moderate disease. The excess costs increased to 1.21B and 7.06B when considering comorbidity burden and productivity losses, respectively.

Conclusion(s): Mild-to-moderate AD patients had higher comorbidity burden, HCRU and cost compared with matched non-AD controls. Overall, UK country-based economic burden was high given partly the high prevalence of this disease. Moreover, productivity burden and comorbidities had considerable impact on the economic burden, which further suggests the importance of optimal disease management.

Database: EMBASE

34. Effectiveness of ixekizumab in patients with psoriatic arthritis: Results from a realworld european survey

Author(s): Tillett W.; Navarro-Compan V.; Booth N.; Holzkaemper T.; Hill J.; Truer T.; Lubrano E.

Source: Annals of the Rheumatic Diseases; Jun 2021; vol. 80 ; p. 1307-1308

Publication Date: Jun 2021

Publication Type(s): Conference Abstract

Available at Annals of the Rheumatic Diseases - from BMJ Journals

Available at Annals of the Rheumatic Diseases - from Unpaywall

Abstract:

Background: Limited real world (RW) data are available for IL-17A blocker ixekizumab (Ixe), approved for psoriatic arthritis (PsA) in EU Feb 2018.

Objective(s): Describe RW outcomes for PsA patients (pts) receiving Ixe.

Method(s): Cross-sectional, observational study of PsA pts treated with Ixe in the 2020 Adelphi PsA Plus Program (FR, DE, ES & UK). Rheumatologists recruited the first 6 consecutive consulting Ixe pts and provided demographics, PsA manifestations, clinical measures (66 swollen joint count (SJC), 68 tender joint count (TJC), psoriasis area and severity index [PASI], body surface area [BSA] affected by psoriasis [PsO]), rheumatologist-recorded pt measures (skin/joint pain & fatigue [0-10 numeric rating scales (NRS)], health assessment questionnaire [HAQ-DI]) & prescribed dose. All outcomes recorded for pts with scores available at Ixe initiation (II) & at last assessment (LA).

Result(s): 124 rheumatologists provided data for 698 Ixe pts, mean age 49 years (19-79), 48% female, mean BMI 27 (18-44), 56% dermatologist co-managed and mean time diagnosed 6 years (0-35). At Ixe initiation, 78% of pts with known BSA had concomitant mod-sev-PsO defined as BSA>=10% (mean 19.8, n=428) and mean PASI 26.3 (n=164). The predominant PsA phenotype was polyarthritic in 49% (n=345), mono/oligoarthritic in 30% (n=208), axial in 12% (n=81) and enthesitic in 8% (n=55). Previous treatment before Ixe included >=1 conventional synthetic DMARD (csDMARD) for 71% of pts. Of bio-experienced pts (57%), 40% had received >=2 biologics. Mean Ixe treatment duration (n=698) 39.4 weeks (wks, 0-170), of which 575 (82%) had received >12 wks of Ixe. 71% of pts received label recommended dose (80mg every 4wks). 52% pts received csDMARD in combination with Ixe. In the RW, Ixe improved TJC, SJC, joint pain, BSA, fatigue and HAQ-DI, Table 1.

Conclusion(s): We report RW outcome data amongst pts treated with Ixe including mono/oligo arthritis and a limited sample of enthesitis and dactylitis pts. Our results are consistent with clinical trial populations across disease domains, including an improvement in joint pain.

Database: EMBASE

35. Novel interferon gene expression scores predict refractory severe cutaneous disease following rituximab therapy in SLE

Author(s): Carter L.M.; Alase A.; Wigston Z.; Psarras A.; Burska A.; MD Yusof M.Y.; Hensor E.; Wittmann M.; Reynolds J.; Vital E.; Bruce I.N.

Source: Annals of the Rheumatic Diseases; Jun 2021; vol. 80 ; p. 78

Publication Date: Jun 2021

Publication Type(s): Conference Abstract

Available at Annals of the Rheumatic Diseases - from BMJ Journals

Available at Annals of the Rheumatic Diseases - from Unpaywall

Abstract:

Background: We developed and validated two continuous interferon-stimulated gene (ISG) expression scores (IFN-Score-A and IFN-Score-B) that predict clinical outcomes in SLE. IFN-Score-A includes ISGs typically present in a global interferon signature while IFN-Score-B includes additional ISGs potentially responsive to multiple IFN subtypes [1]. We have previously shown that these scores associate with treatment response following rituximab (RTX) therapy within the British Isles Lupus Assessment Group (BILAG) Biologics Register (BILAG-BR), a UK wide study of patients treated with RTX for active SLE following cyclophosphamide and/ or mycophenolate mofetil treatment failure. Specifically, multivariable analysis showed higher baseline IFNScore-B independently predicted BILAG response at 6

months post treatment [2]. We also showed that response of cutaneous lupus to RTX can be poor even when other organs respond well, and that interferons are enriched in the skin of patients with SLE where dysregulated keratinocytes are a source of IFNk [3]. MASTERPLANS is a consortium aimed at identifying therapeutic biomarkers in SLE.

Objective(s): To investigate how IFN-Score-A and -B associated with skin disease and response to RTX.

Method(s): Pre-treatment whole blood samples were collected in TEMPUS tubes from subjects undergoing first RTX treatment within BILAG-BR. IFN-Scores were derived using a custom Taqman array as previously described [1]. Clinical response was defined as improvement in BILAG-2004 disease activity, with a maximum of one domain showing persistent BILAG-2004 grade B disease, and no new BILAG grade A or B disease flares at 6 months. The mucocutaneous domain of BILAG was then analysed separately.

Result(s): 147 patients were studied, of whom 90 had follow up data available. Baseline BILAG-2004 grade A/B disease activity predominantly affected the mucocutaneous domain in 74/147 (50.3%), musculoskeletal in 61 /147 (41.5%) and renal domain 66/147 (37.4%). At 6 months 59/90 (65.6%) achieved an overall treatment response. Responders showed significantly higher mean IFN-Score-B compared with non-responders (-1.8 vs -2.4, p = 0.04). Among those with active grade A/B BILAG-2004 mucocutaneous disease at baseline, 38/50 (76%) showed improvement within this domain at 6 months. However, among overall non-responders, 7/31 (22.6%) had new or residual BILAG-A mucocutaneous disease at 6 months post RTX, indicating it to be a substantial component of overall treatment failure. In contrast, persistent grade A musculoskeletal disease was seen in 9.7% of non-responders. BILAG-A mucocutaneous disease is characterised by severe manifestations including extensive rashes covering > 18% of body surface area, severe bullous lupus or panniculitis and disabling deep mucosal ulceration. Neither IFN-Score-A nor IFN-Score-B were significantly associated with the severity of mucocutaneous disease at baseline. However, individuals with persistent or new BILAG-A mucocutaneous disease at six months following RTX displayed significantly lower baseline IFN-Score-B than those with improving or residual less severe disease (-3.0 vs -2.1, p = 0.04) after RTX.

Conclusion(s): Low IFN score-B status identified an endotype of severe mucocutaneous SLE which was resistant to RTX therapy in the BILAG-BR cohort. We previously showed that high IFN-score-B independently predicts overall therapeutic response to rituximab. Further work will aim to refine IFN status as overall and organ specific biomarkers in SLE.

Database: EMBASE

36. Are patients with psoriatic arthritis being treated optimally across the world disparities in health care for patients with psoriatic arthritis across countries with different gdp's, an analysis of 429 patients from 13 countries

Author(s): Lucasson F.; Gossec L.; Kiltz U.; Canete J.D.D.; Orbai A.M.; Leung Y.Y.; Palominos P.; Balanescu A.; Meisalu S.; Ruyssen-Witrand A.; Soubrier M.; Eder L.; Gaydukova I.; Kalyoncu U.; Richette P.; De Wit M.; Lubrano E.; Smolen J.S.; Coates L.C.; Scrivo R.; Dernis E.; Aydin S.; Husni M.E.

Source: Annals of the Rheumatic Diseases; Jun 2021; vol. 80 ; p. 183

Publication Date: Jun 2021

Publication Type(s): Conference Abstract

Available at Annals of the Rheumatic Diseases - from BMJ Journals

Available at Annals of the Rheumatic Diseases - from Unpaywall

Abstract:

Background: In psoriatic arthritis (PsA), EULAR recommendations are to aim for remission or low disease activity(1). Many treatments are now available, though some are costly and not widely available in all countries. Country of patient care, and in particular Gross Domestic Product (GDP) may be linked to PsA outcomes(2). Although patients with high disease activity are eligible for targeted therapies such as biologic disease-modifying anti-rheumatic drugs (bDMARDs), they may not be able to get the benefits from these efficacious treatments in all countries equally.

Objective(s): The objective was to explore the rate of PsA patients with high to moderate disease activity, not receiving bDMARDs across countries, and to assess the consequences on functional incapacity.

Method(s): This was a cross-sectional analysis of an observational study (ReFlap, NCT03119805)(3), which included adult patients with PsA with >= 2 years disease duration from 14 countries. One country was excluded from this analysis since only 7 patients were included. We explored the rate of patients with significant disease activity (i.e based on DAPSA > 14) and no ongoing bDMARD prescription. Countries of inclusion were analysed separately, and classified into tertiles by GDP/capita (lowest tertile: Brazil, Turkey, Russia, Romania, Estonia; middle tertile: Spain, Italy, UK, France; highest tertile: Canada, Germany, USA and Singapore). The rate of no bDMARDs -DAPSA > 14 patients was analysed by country and compared between the 3 tertiles of GDP/capita by parametric tests. Functional capacity (HAQ) was compared between no bDMARDs -DAPSA > 14 patients and the other patients (pooling patients with moderate or high disease activity with bDMARD, low disease activity and remission with or without bDMARD). There was no imputation of missing data.

Result(s): Of the 459 patients, 429 had complete data available and were analysed: mean age 52.3 (SD 12.6) years, mean disease duration 10.2 (SD 8.2) years, 215 (50.1%) males. The rate of no bDMARDs -DAPSA > 14 patients was 18.4% (76/414). The rate ranged from 7.4% (UK and Spain) to 40% (Russia): Figure 1. A link was seen with the country and the tertiles of countries according to GDP/capita, with higher rate of no bDMARDs -DAPSA > 14 patients in the lowest GDP/capita countries (28.8%, 15.3% and 14.3% in the 3 GDP/ capita tertiles, respectively, p=0.005; Figure 1). Of note, 40/76 no bDMARDs -DAPSA > 14 patients received a treatment intensification during the visit. Among no bDMARDs -DAPSA > 14 patients, functional incapacity was higher than in the other patients, as expected (mean HAQ 0.96 (SD 0.64) vs 0.57 (SD 0.63), p<0.001).

Conclusion(s): In this exploratory comparison of disease patterns and treatments choices in 13 countries, we observed that more PsA patients with high or moderate disease activity and living in low GDP/capita countries were less likely to be treated with bDMARDs. As a consequence, no bDMARDs -DAPSA > 14 patients had worse functional incapacity. Equitable access to bDMARDs should be aimed for all patients regardless of their country of origin.

Database: EMBASE

37. Differences in real-world patient characteristics of 8921 psoriasis patients with and without comorbid psoriatic arthritis using the UK badbir database

Author(s): Tillett W.; Ogdie A.; Gorecki P.; Passey A.

Source: Annals of the Rheumatic Diseases; Jun 2021; vol. 80 ; p. 141

Publication Date: Jun 2021

Publication Type(s): Conference Abstract

Available at Annals of the Rheumatic Diseases - from BMJ Journals

Available at Annals of the Rheumatic Diseases - from Unpaywall

Abstract:

Background: Psoriatic arthritis (PsA) is a chronic inflammatory arthritis associated with psoriasis (PsO) and multiple comorbidities.1 Approximately one-third of PsO patients develop PsA during the course of their disease.2 As patient cohorts included in randomised clinical trials are not necessarily representative of the real world, registry data can complement any information gained on patient characteristics and disease outcomes.3 The British Association of Dermatologists Biologic and Immunomodulators Register (BADBIR) is one such registry for patients with plaque PsO, with PsA being one of the recorded comorbidities at time of patient enrolment into the database.

Objective(s): The primary objective of this study was to evaluate baseline characteristics and comorbidities in PsO patients with and without a PsA diagnosis using the BADBIR database. The hypothesis was that patients with both diseases show a higher likelihood of being diagnosed with additional comorbid conditions vs. PsO alone.

Method(s): This was a retrospective observational study using two cohorts of BADBIR data (i.e. adult PsO patients either receiving ustekinumab [UST] as their biologic treatment or receiving conventional systemic anti-psoriatic medication [conventional systemic]). Comparisons were made between PsA and PsO alone in each cohort at baseline, additionally stratifying by biologic experience in the UST treatment group. Baseline characteristics of interest were evaluated, including body mass index, smoking and employment status, as well as comorbidities (i.e.

diabetes, hypertension, myocardial infarction and depression). Effect sizes and 95% confidence intervals were generated via matching with a two-sided Fisher's exact test.

Result(s): Cohort patient counts were as follows: 2697 UST treated without PsA; 590 UST treated with PsA; 5105 conventional systemic without PsA; 529 conventional systemic with PsA. PsO patients with a PsA diagnosis had a higher prevalence of diabetes, obesity and hypertension across both conventional systemic and UST cohorts vs. PsO alone (Table 1). Similarly, inability to work was notably higher in PsO patients with PsA vs. PsO alone (Figure 1). Patients with PsO and comorbid PsA who were receiving UST were more likely to have a diagnosis of depression than those receiving conventional systemic treatment (Table 1).

Conclusion(s): These results indicate that PsO patients with PsA had a higher prevalence of obesity, diabetes, hypertension and inability to work vs. PsO alone. Depression also seems to be more prevalent in PsO patients with comorbid PsA receiving biologic treatment vs. those receiving conventional systemics. These results potentially indicate a higher inflammatory and quality-of-life burden in PsO patients with a PsA diagnosis, highlighting the need for adequate patient assessment and follow-up to ensure a best possible holistic patient management approach.

Database: EMBASE

38. Mask related acne ("maskne") and other facial dermatoses

Author(s): Rudd, Emily; Walsh, Sarah

Source: BMJ : British Medical Journal (Online); Jun 2021; vol. 373

Publication Date: Jun 2021

Publication Type(s): Journal Article

Available at BMJ - from BMJ Journals

Available at BMJ - from BMJ Journals

Available at BMJ - from Unpaywall

Abstract:

Correspondence to E Rudd emilyclairerudd@hotmail.com What you need to know Not all facial dermatoses related to personal protective equipment are "maskne" Irritant contact dermatitis is the most common cause Maintenance of the skin barrier and regular "mask breaks" are important aspects of management, in addition to standard medical treatment of the skin condition The covid-19 pandemic has led to a marked increase in the use of personal protective equipment (PPE) both in and out of healthcare settings. Key information to elicit in a "maskne" history Relevant history and family history of skin disease and a comprehensive drug history that includes prescribed, over-the-counter, and complementary medicines Temporal relationship with mask wearing—establish if periods without mask wearing alleviate or improve the problem, eg, allergic contact dermatitis should improve with a period of no mask wearing, while acne, once established, may not respond so readily Symptoms of itch, soreness, and appearance of pustules or papules Duration of PPE exposure each day Ask if "mask breaks" (periods of time when facial PPE is removed entirely) are allowed or taken Assess the impact on the patient's mood, work, and social life to assess severity and decide further management. Pressure ICD related to facial masks is commonly described4 over the cheeks and nasal bridge.35 It is associated with prolonged mask wearing (>6 hours) and its severity depends on the irritant and chronicity of exposure.3 Presentation ranges from a discrete, dry, scaly patch to oedema and vesicles, erosions, and ulceration.35 People with atopic dermatitis, who already have a defective skin barrier, are particularly at risk of developing ICD.7 Enabling restoration of the skin barrier is key to treating ICD, and regular mask breaks (every hour for respirators) is one way to do this.8 For broken skin, a silicon backed dressing such as Mepilex Border Lite can be applied to protect the skin and ensures that the mask seal remains intact.9 Allergic contact dermatitis Allergic contact dermatitis (ACD) (fig 1) is a delayed type IV hypersensitivity reaction to an external allergen, and is much less common than ICD.910 Typically, it occurs after exposure to preservatives such as formaldehyde11 and dibromodicyanobutane,12 but thiuram, a rubber accelerator found in the elastic straps on surgical masks,13 is also a recognised allergen. Creation of a humid microclimate inside the mask Mucosa can be colonised by bacteria which could increase bacterial load on the surrounding skin Friction effect of a close fitting mask can damage the follicular ostia causing chronic irritation, and this effect is worsened by heat and humidity.22

Retinoids such as adapalene cream alone or in combination with benzoyl peroxide cream once daily can be used for mild cases, with the addition of an oral tetracycline such as lymecycline 408 mg once daily for up to 12 weeks for moderate to severe cases.23 Rosacea Rosacea (fig 5) typically affects adults aged 30-50 with fair skin.18 Commonly, patients present with facial erythema and telangiectasias of the convexities (chin, cheeks, nose, forehead).

Database: BNI

39. Safety and efficacy of upadacitinib in combination with topical corticosteroids in adolescents and adults with moderate-to-severe atopic dermatitis (AD Up): results from a randomised, double-blind, placebo-controlled, phase 3 trial

Author(s): Reich, Kristian; Teixeira, Henrique D; Marjolein de Bruin-Weller; Bieber, Thomas; Soong, Weily; Kabashima, Kenji; Werfel, Thomas; Zeng, Jiewei; Huang, Xiaohong; Hu, Xiaofei; Hendrickson, Barbara A; Ladizinski, Barry; Chu, Alvina D; Silverberg, Jonathan I

Source: The Lancet; Jun 2021; vol. 397 (no. 10290); p. 2169

Publication Date: Jun 2021

Publication Type(s): Journal Article

Available at Lancet (London, England) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at Lancet (London, England) - from ProQuest (Health Research Premium) - NHS Version

Abstract:

Background: Systemic therapies are typically combined with topical corticosteroids for the management of moderate-to-severe atopic dermatitis. Upadacitinib is an oral Janus kinase (JAK) inhibitor with greater inhibitory potency for JAK1 than JAK2, JAK3, or tyrosine kinase 2 that is being tested for atopic dermatitis. We aimed to assess the efficacy and safety of upadacitinib plus topical corticosteroids compared with placebo for the treatment of moderate-to-severe atopic dermatitis.

Methods: In this randomised, double-blind, placebo-controlled, phase 3 trial (AD Up) adults (aged 18–75 years) and adolescents (aged 12–17 years) with chronic atopic dermatitis that was moderate to severe (≥10% of body surface area affected, Eczema Area and Severity Index [EASI] score of ≥16, validated Investigator's Global Assessment for atopic dermatitis [vIGA-AD] score of ≥3, and weekly average Worst Pruritus Numerical Rating Scale score of ≥4 at baseline) were enrolled at 171 clinical centres across 22 countries in the Asia-Pacific region, Europe, the Middle East, North America, and Oceania. Patients were randomly assigned (1:1:1) to receive upadacitinib 15 mg, upadacitinib 30 mg, or placebo once daily, all in combination with topical corticosteroids for 16 weeks. Randomisation was done using an interactive response technology system, stratified by baseline disease severity, geographical region, and age. Study investigators, study site personnel, and patients were masked to study treatment. The coprimary endpoints were the proportion of patients who had achieved at least a 75% reduction in EASI score from baseline (EASI-75) and the proportion of patients who had achieved a vIGA-AD response (defined as a vIGA-AD score of 0 [clear] or 1 [almost clear] with ≥2 grades of improvement from baseline) at week 16. Efficacy was analysed in the intention-to-treat population and safety was analysed in all patients who received at least one dose of study drug. This study is registered with ClinicalTrials.gov, NCT03568318, and is active, but not recruiting. Findings Between Aug 9, 2018, and Dec 20, 2019, 901 patients were randomly assigned to receive upadacitinib 15 mg plus topical corticosteroids (n=300), upadacitinib 30 mg plus topical corticosteroids (n=297), or placebo plus topical corticosteroids (n=304). At week 16, the proportion of patients who had achieved EASI-75 was significantly higher in the upadacitinib 15 mg plus topical corticosteroid group (194 [65%] of 300 patients) and the upadacitinib 30 mg plus topical corticosteroids group (229 [77%] of 297 patients) than the placebo group (80 [26%] of 304 patients; adjusted difference in EASI-75 response rate vs placebo, 38·1% [95% CI 30·8–45·4] for the upadacitinib 15 mg group and 50·6% [43·8–57·4] for the upadacitinib 30 mg group; p<0·0001 for both doses). The proportion of patients who had achieved a vIGA-AD response at week 16 was significantly higher in the upadacitinib 15 mg plus topical corticosteroid group (119 [40%] patients) and upadacitinib 30 mg plus topical corticosteroid group (174 [59%] patients) than the placebo group (33 [11%] patients; adjusted difference in vIGA-AD response vs placebo, 28·5% [22·1–34·9] for the upadacitinib 15 mg group and 47·6% [41·1–54·0] for the upadacitinib 30 mg group; p<0·0001 for both doses). During the double-blind period, upadacitinib 15 and 30 mg were well tolerated in combination with

topical corticosteroids. The most frequently reported treatment-emergent adverse events (≥5% in any treatment group) were acne, nasopharyngitis, upper respiratory tract infection, oral herpes, elevation of blood creatine phosphokinase levels, headache, and atopic dermatitis. The incidence of acne was higher in the upadacitinib 15 mg (30 [10%] of 300 patients) and upadacitinib 30 mg (41 [14%] of 297 patients) groups than the placebo group (six [2%] of 304 patients). The incidence of adverse events leading to discontinuation of study drug (four [1%] patients in the upadacitinib 15 mg plus topical corticosteroids group, four [1%] patients in the upadacitinib 30 mg plus topical corticosteroids group, and seven [2%] patients in the placebo plus topical corticosteroids group) and serious adverse events (seven [2%] patients, four [1%] patients, and nine [3%] patients) were similar among treatment groups. No deaths were reported in any treatment group.

Interpretation: Upadacitinib plus topical corticosteroids was well tolerated and superior to placebo plus topical corticosteroids. Upadacitinib as combination therapy had a positive benefit–risk profile in adults and adolescents with moderate-to-severe atopic dermatitis. Funding AbbVie.

Database: BNI

40. Once-daily upadacitinib versus placebo in adolescents and adults with moderate-to-severe atopic dermatitis (Measure Up 1 and Measure Up 2): results from two replicate double-blind, randomised controlled phase 3 trials

Author(s): Guttman-Yassky, Emma; Teixeira, Henrique D; Simpson, Eric L; Papp, Kim A; Pangan, Aileen L; Blauvelt, Andrew; Diamant Thaçi; Chia-Yu, Chu; Hong, H Chih-ho; Katoh, Norito; Paller, Amy S; Calimlim, Brian; Gu, Yihua; Hu, Xiaofei; Liu, Meng; Yang, Yang; Liu, John; Tenorio, Allan R; Chu, Alvina D; Irvine, Alan D

Source: The Lancet; Jun 2021; vol. 397 (no. 10290); p. 2151

Publication Date: Jun 2021

Publication Type(s): Evidence Based Healthcare Journal Article

Available at Lancet (London, England) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at Lancet (London, England) - from ProQuest (Health Research Premium) - NHS Version

Abstract:

Background: Upadacitinib is an oral Janus kinase (JAK) inhibitor with greater inhibitory potency for JAK1 than JAK2, JAK3, and tyrosine kinase 2. We aimed to assess the efficacy and safety of upadacitinib compared with placebo for the treatment of moderate-to-severe atopic dermatitis.

Methods: Measure Up 1 and Measure Up 2 were replicate multicentre, randomised, double-blind, placebo-controlled, phase 3 trials; Measure Up 1 was done at 151 clinical centres in 24 countries across Europe, North and South America, Oceania, and the Asia-Pacific region; and Measure Up 2 was done at 154 clinical centres in 23 countries across Europe, North America, Oceania, and the Asia-Pacific region. Eligible patients were adolescents (aged 12–17 years) and adults (aged 18–75 years) with moderate-to-severe atopic dermatitis (≥10% of body surface area affected by atopic dermatitis, Eczema Area and Severity Index [EASI] score of ≥16, validated Investigator's Global Assessment for Atopic Dermatitis [vIGA-AD] score of ≥3, and Worst Pruritus Numerical Rating Scale score of ≥4). Patients were randomly assigned (1:1:1) using an interactive response technology system to receive upadacitinib 15 mg, upadacitinib 30 mg, or placebo once daily for 16 weeks, stratified by baseline disease severity, geographical region, and age. Coprimary endpoints were the proportion of patients who had achieved at least a 75% improvement in EASI score from baseline (EASI-75) and the proportion of patients who had achieved a vIGA-AD response (defined as a vIGA-AD score of 0 [clear] or 1 [almost clear] with ≥2 grades of reduction from baseline) at week 16. Efficacy was analysed in the intention-to-treat population and safety was analysed in all randomly assigned patients who received at least one dose of study drug. These trials are registered with ClinicalTrials.gov, NCT03569293 (Measure Up 1) and NCT03607422 (Measure Up 2), and are both active but not recruiting. Findings Between Aug 13, 2018, and Dec 23, 2019, 847 patients were randomly assigned to upadacitinib 15 mg (n=281), upadacitinib 30 mg (n=285), or placebo (n=281) in the Measure Up 1 study. Between July 27, 2018, and Jan 17, 2020, 836 patients were randomly assigned to upadacitinib 15 mg (n=276), upadacitinib 30 mg (n=282), or placebo (n=278) in the Measure Up 2 study. At week 16, the coprimary endpoints were met in both studies (all p<0·0001). The proportion of patients who had achieved EASI-75 at week 16 was significantly higher in the upadacitinib 15 mg (196

[70%] of 281 patients) and upadacitinib 30 mg (227 [80%] of 285 patients) groups than the placebo group (46 [16%] of 281 patients) in Measure Up 1 (adjusted difference in EASI-75 response rate vs placebo, 53·3% [95% CI 46·4–60·2] for the upadacitinib 15 mg group; 63·4% [57·1–69·8] for the upadacitinib 30 mg group) and Measure Up 2 (166 [60%] of 276 patients in the upadacitinib 15 mg group and 206 [73%] of 282 patients in the upadacitinib 30 mg group vs 37 [13%] of 278 patients in the placebo group; adjusted difference in EASI-75 response rate vs placebo, 46·9% [39·9–53·9] for the upadacitinib 15 mg group; 59·6% [53·1–66·2] for the upadacitinib 30 mg group). The proportion of patients who achieved a vIGA-AD response at week 16 was significantly higher in the upadacitinib 15 mg (135 [48%] patients) and upadacitinib 30 mg (177 [62%] patients) groups than the placebo group (24 [8%] patients) in Measure Up 1 (adjusted difference in vIGA-AD response rate vs placebo, 39·8% [33·2–46·4] for the upadacitinib 15 mg group; 53·6% [47·2–60·0] for the upadacitinib 30 mg group) and Measure Up 2 (107 [39%] patients in the upadacitinib 15 mg group and 147 [52%] patients in the upadacitinib 30 mg group vs 13 [5%] patients in the placebo group; adjusted difference in vIGA-AD response rate vs placebo, 34·0% [27·8–40·2] for the upadacitinib 15 mg group; 47·4% [41·0–53·7] for the upadacitinib 30 mg group). Both upadacitinib doses were well tolerated. The incidence of serious adverse events and adverse events leading to study drug discontinuation were similar among groups. The most frequently reported treatment-emergent adverse events were acne (19 [7%] of 281 patients in the upadacitinib 15 mg group, 49 [17%] of 285 patients in the upadacitinib 30 mg group, and six [2%] of 281 patients in the placebo group in Measure Up 1; 35 [13%] of 276 patients in the upadacitinib 15 mg group, 41 [15%] of 282 patients in the upadacitinib 30 mg group, and six [2%] of 278 patients in the placebo group in Measure Up 2), upper respiratory tract infection (25 [9%] patients, 38 [13%] patients, and 20 [7%] patients; 19 [7%] patients, 17 [16%] patients, and 12 [4%] patients), nasopharyngitis (22 [8%] patients, 33 [12%] patients, and 16 [6%] patients; 16 [6%] patients, 18 [6%] patients, and 13 [5%] patients), headache (14 [5%] patients, 19 [7%] patients, and 12 [4%] patients; 18 [7%] patients, 20 [7%] patients, and 11 [4%] patients), elevation in creatine phosphokinase levels (16 [6%] patients, 16 [6%] patients, and seven [3%] patients; nine [3%] patients, 12 [4%] patients, and five [2%] patients), and atopic dermatitis (nine [3%] patients, four [1%] patients, and 26 [9%] patients; eight [3%] patients, four [1%] patients, and 26 [9%] patients).

Interpretation: Monotherapy with upadacitinib might be an effective treatment option and had a positive benefit–risk profile in adolescents and adults with moderate-to-severe atopic dermatitis. Funding AbbVie.

Database: BNI

41. Treatment of atopic dermatitis with biologics and Janus kinase inhibitors

Author(s): Thyssen, Jacob P; Thomsen, Simon F

Source: The Lancet; Jun 2021; vol. 397 (no. 10290); p. 2126

Publication Date: Jun 2021

Publication Type(s): Commentary

Available at Lancet (London, England) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at Lancet (London, England) - from ProQuest (Health Research Premium) - NHS Version

Abstract: Treatment with dupilumab 300 mg once every 2 weeks resulted in the achievement of an Investigator Global Assessment (IGA) score of 0 (complete clearance) or 1 (almost complete skin clearance) in 36–38% of patients, compared with 8–10% of patients in the placebo group.1 In the topical corticosteroids combination study, a similar proportion of patients achieved an IGA score of 0 or 1 (40% of patients in the dupilumab plus topical corticosteroids group and 14% of patients in the placebo plus topical corticosteroids group).2 In 2020, baricitinib, an oral selective Janus kinase (JAK)1–JAK2 inhibitor, was approved in the EU (EMEA-001220-PIP03-16-M01). In the phase 3 monotherapy trials, 11% of patients who received daily treatment with baricitinib 2 mg and 14–17% of patients who received baricitinib 4 mg achieved an IGA score of 0 or 1 compared with 4·5–5·0% of patients in the placebo groups.3 In the topical corticosteroids combination study, an IGA score of 0 or 1 was achieved by 24% of patients in the baricitinib 2 mg plus topical corticosteroids group, 31% of patients in the baricitinib 4 mg plus topical corticosteroids group, and 15% of patients in the placebo plus topical corticosteroids group, indicating the incremental effect of topical corticosteroids use.4 Tralokinumab, a monoclonal antibody that inhibits free IL-13, is in the final stages of drug development. 16–22% of patients given tralokinumab 300 mg once every 2 weeks achieved

an IGA score of 0 or 1 compared with 7–11% of patients given placebo.5 In the topical corticosteroids combination study, a higher proportion of patients in the tralokinumab plus topical corticosteroids group achieved an IGA score of 0 or 1 than did patients in the placebo group (39% vs 26%), indicating the incremental effect of topical corticosteroids and comparable efficacy with baricitinib.6 Treatment with abrocitinib, a JAK1 selective inhibitor, resulted in 24–28% of patients in the 100 mg group, 38–44% of patients in the 200 mg group, and 8–9% of patients in the placebo group achieving an IGA score of 0 or 1, indicating that efficacy of abrocitinib 100 mg is comparable to dupilumab 300 mg given every other week, with higher efficacy observed for 200 mg abrocitinib daily.7,8 Topical corticosteroids combination data have not yet been published (NCT04345367). Biologics have a slower onset of action than JAK inhibitors, but have a favourable safety profile with no requirement for blood monitoring.14 The additional treatment effects of dupilumab on asthma might be an advantage in patients with concomitant asthma, whereas fear of needles, possible inconvenience of keeping medications cold when travelling, and increased occurrence of conjunctivitis and blepharitis when using dupilumab and tralokinumab might reduce their use.5,15 Patient satisfaction and safety are key, and treatment should be tailored to patients' needs.

Database: BNI

42. What is the evidence base to support the nurse specialist when counselling adult patients considering a systemic treatment for atopic eczema?

Author(s): Crosby, Laura

Source: Dermatological Nursing; Jun 2021; vol. 20 (no. 2); p. 15

Publication Date: Jun 2021

Publication Type(s): Journal Article

Abstract: This article looks at the rationale and evidence which can help nurse specialists when counselling patients who are considering taking systemic treatments, such as baricitinib and dupilumab for the treatment of atopic eczema. The article looks at how information is provided, the need for patients to understand risks and benefits, and the importance of giving the patient choice and control over their treatment.

Database: BNI

43. Treatment outcomes of patients with Atopic Dermatitis (AD) treated with dupilumab through the Early Access to Medicines Scheme (EAMS) in the UK.

Author(s): O'Kane, D; Davis, L; Ardern-Jones, M; Laws, P; Shaw, L; Cork, M; Velangi, S; Cooper, H L; Hudson, R; Smith, A B; Rout, R

Source: The Ulster medical journal; May 2021; vol. 90 (no. 2); p. 70-76

Publication Date: May 2021

Publication Type(s): Journal Article

PubMedID: 34276083

Available at The Ulster medical journal - from EBSCO (MEDLINE Complete)

Available at The Ulster medical journal - from PubMed

Available at The Ulster medical journal - from PubMed Central

Abstract:

BACKGROUND: Dupilumab, a monoclonal antibody against interleukin (IL)-4 receptor alpha that inhibits IL-4/IL-13 signalling is indicated in dermatology for the treatment of moderate-to-severe atopic dermatitis (AD) in adult and adolescent patients 12 years and older and severe AD in children 6-11 years, who are candidates for systemic therapy. Dupilumab received Early Access to Medicines Scheme (EAMS) approval for adults in March 2017.

OBJECTIVES: The purpose of this study was to assess the efficacy outcomes of treatment with dupilumab in EAMS.

METHODS: A retrospective analysis of adult patients enrolled in the dupilumab EAMS in the UK. Scores were assessed at baseline and follow up, including the Eczema Area and Severity Index (EASI), Investigator's Global Assessment Score (IGA) and Dermatology Life Quality Index (DLQI).

RESULTS: Data were available for 57 adult patients treated with dupilumab for at least 12 weeks; 73.6% of patients had received prior treatment with 3 or 4 immunosuppressants. Baseline scores for the EASI and DLQI were 27.93 (standard deviation, SD 13.09) and 18.26 (SD 6.18) respectively. AD severity scores showed statistically significant improvement at week 16±4 weeks ($p < 0.001$ for all). The mean change in EASI was 14.13 points with 66.7% and 36.7% achieving a 50% (EASI-50) and 75% (EASI-75) improvement in EASI, respectively at 16+/- 4 weeks. IGA scores improved by at least two categories for 75% patients. DLQI scores decreased by a mean of 9.0 points, with 80% patients demonstrating a MCID 4-point improvement. For 85% patients, clinicians rated the treatment response as being either 'better' (19%) or 'much better' (65%).

CONCLUSIONS: Dupilumab is associated with a significant and clinically relevant improvements in AD as measured by patient- and physician-reported outcome measures. Importantly, the clinical efficacy, despite the refractory disease of this EAMS cohort, is comparable to that previously reported in clinical trials.

Database: Medline

44. National Psoriasis Foundation COVID-19 Task Force guidance for management of psoriatic disease during the pandemic: Version 2-Advances in psoriatic disease management, COVID-19 vaccines, and COVID-19 treatments.

Author(s): Gelfand, Joel M; Armstrong, April W; Bell, Stacie; Anesi, George L; Blauvelt, Andrew; Calabrese, Cassandra; Dommasch, Erica D; Feldman, Steven R; Gladman, Dafna; Kircik, Leon; Lebwohl, Mark; Lo Re, Vincent; Martin, George; Merola, Joseph F; Scher, Jose U; Schwartzman, Sergio; Treat, James R; Van Voorhees, Abby S; Ellebrecht, Christoph T; Fenner, Justine; Ocon, Anthony; Syed, Maha N; Weinstein, Erica J; Gondo, George; Heydon, Sue; Koons, Samantha; Ritchlin, Christopher T

Source: Journal of the American Academy of Dermatology; May 2021; vol. 84 (no. 5); p. 1254-1268

Publication Date: May 2021

Publication Type(s): Practice Guideline Journal Article

PubMedID: 33422626

Available at Journal of the American Academy of Dermatology - from Unpaywall

Abstract:

OBJECTIVE: To update guidance regarding the management of psoriatic disease during the COVID-19 pandemic.

STUDY DESIGN: The task force (TF) includes 18 physician voting members with expertise in dermatology, rheumatology, epidemiology, infectious diseases, and critical care. The TF was supplemented by nonvoting members, which included fellows and National Psoriasis Foundation staff. Clinical questions relevant to the psoriatic disease community were informed by inquiries received by the National Psoriasis Foundation. A Delphi process was conducted.

RESULTS: The TF updated evidence for the original 22 statements and added 5 new recommendations. The average of the votes was within the category of agreement for all statements, 13 with high consensus and 14 with moderate consensus.

LIMITATIONS: The evidence behind many guidance statements is variable in quality and/or quantity.

CONCLUSIONS: These statements provide guidance for the treatment of patients with psoriatic disease on topics including how the disease and its treatments affect COVID-19 risk, how medical care can be optimized during the pandemic, what patients should do to lower their risk of getting infected with severe acute respiratory syndrome coronavirus 2 (including novel vaccination), and what they should do if they develop COVID-19. The guidance is a living document that is continuously updated by the TF as data emerge.

Database: Medline

45. Psoriasis: A brief overview

Author(s): Raharja A.; Mahil S.K.; Barker J.N.

Source: Clinical Medicine, Journal of the Royal College of Physicians of London; May 2021; vol. 21 (no. 3); p. 170-173

Publication Date: May 2021

Publication Type(s): Review

PubMedID: 34001566

Available at Clinical medicine (London, England) - from EBSCO (MEDLINE Complete)

Available at Clinical medicine (London, England) - from ProQuest (Health Research Premium) - NHS Version

Available at Clinical medicine (London, England) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at Clinical medicine (London, England) - from Unpaywall

Abstract: Psoriasis is a clinically heterogeneous lifelong skin disease that presents in multiple forms such as plaque, flexural, guttate, pustular or erythrodermic. An estimated 60 million people have psoriasis worldwide, with 1.52% of the general population affected in the UK. An immune-mediated inflammatory disease, psoriasis has a major genetic component. Its association with psoriatic arthritis and increased rates of cardiometabolic, hepatic and psychological comorbidity requires a holistic and multidisciplinary care approach. Psoriasis treatments include topical agents (vitamin D analogues and corticosteroids), phototherapy (narrowband ultraviolet B radiation (NB-UVB) and psoralen and ultraviolet A radiation (PUVA)), standard systemic (methotrexate, ciclosporin and acitretin), biologic (tumour necrosis factor (TNF), interleukin (IL)-17 and IL-23 inhibitors) or small molecule inhibitor (dimethyl fumarate and apremilast) therapies. Advances in the understanding of its pathophysiology have led to development of highly effective and targeted treatments.

Database: EMBASE

Search strategy

"(((((eczema OR dermatitis OR psoriasis OR "skin rash" OR skin) ADJ2 disease).ti,ab OR exp ECZEMA/ OR exp DERMATITIS/ OR exp PSORIASIS/) AND ((skin ADJ2 care).ti,ab OR (medication OR treatment OR therapy).ti,ab OR exp "SKIN CARE"/ OR exp "DERMATOLOGIC AGENTS"/)) AND ((NHS OR UK OR England OR Great Britain OR Wales OR Ireland OR Scotland OR acute OR hospital OR community care) AND dermatolog*).ti,ab) [DT 2019-2020]"