Dermatology Update #9

11 June 2020

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 are always happy to receive your comments, suggestions and evidence requests. We also have other services to help you keep up-to-date: www.eastcheshirenhslibrary.net/keep-up-to-date.html.
Please send your feedback, suggestions for the update or further evidence searches to holly.cook3@nhs.net.

Contents

Articles selected from databases Medline, EMBASE, British Nursing Index and NICE guidance from August 2019 – June 2020

Miscellaneous

Putting the Skin in Skin & Wound Care

Author(s): Sibbald, R Gary, MD, DSc (Hons), MEd, BSc, FRCPC (Med Derm), FAAD, MAPWCA, JM; Ayello, Elizabeth A, PhD, MS, BSN, RN, CWON, ETN, MAPWCA, FAAN

Source: Advances in Skin & Wound Care; Dec 2019; vol. 32 (no. 12); p. 533

Publication Date: Dec 2019

Publication Type(s): Editorial

Available at Advances in skin & wound care - from Unpaywall

Abstract: Gary Sibbald examines the differences among the three most common types of dermatitis: atopic, irritant contact, and allergic contact. Allergic contact dermatitis is very important to leg ulcer patients and the treatment of these individuals. Leg ulcers are often chronic, and the open skin of the ulcer base serves as an excellent vehicle for systemic absorption of topical agents. For these reasons, persons with leg ulcers have a very high incidence of allergic contact sensitization. Topical applications will only treat local infection on the surface of the wound and not deep and surrounding infection that requires a systemic agent. Dressings with antimicrobial properties often provide moisture management, and calcium alginates, hydrogels, and hydrocolloids are common examples of dressings with additional autolytic debridement properties. These topical antiseptic dressings require several mutations for resistance and are less likely to be associated with allergic contact reactions. Every wound healer requires a basic knowledge of dermatitis and the common wound care complications that occur in atopic individuals with impaired skin barrier function along with the high incidence of irritant and allergic contact dermatitis complications for many chronic wound patients.

Database: BNI

Trouble afoot: A review of common skin conditions of the feet and nails

Author(s): Pitney, Thomas; Muir, Jim; Sun, Cong

Source: Australian Journal of General Practice; May 2020; vol. 49 (no. 5); p. 257

Publication Date: May 2020

Publication Type(s): Journal Article

Available at Australian journal of general practice - from ProQuest (Health Research Premium) - NHS Version

Available at Australian journal of general practice - from Unpaywall

Abstract: Treatment of psoriasis and dermatitis is with potent topical steroid ointments such as betamethasone dipropionate 0.05% (with calcipotriol for psoriasis), with the addition of coal tar and salicylic acid ointments (typically 6% coal tar solution + 6% salicylic acid in sorbolene) if hyperkeratosis is significant.1 Ultraviolet (UV) light treatment with narrowband UVB may be effective for both conditions. Subungual melanoma (Figure 1) is an uncommon entity that is not associated with UV exposure.5 It is the most common form of melanoma in people with dark skin colour.6 Clinical signs separating subungual melanoma from benign counterparts (eg benign longitudinal melanonychia) are the extension of pigmentation onto the proximal nail fold (Hutchinson's sign), heterogeneity of pigment colour, expansion of the width of pigment distribution or proximal growth. Dermoscopy may show a purple-black colouration with a well-defined border, globular pattern or splinter haemorrhages or evidence of nail plate trauma.7 Green pigment is suggestive of Pseudomonas species or Klebsiella species colonisation, usually resulting from onycholysis (separation of nail from nail bed), which provides a potential space for retained moisture and subsequent colonisation.1 Nightly soaking in solutions of one part vinegar to three parts water for 15 minutes daily as needed can resolve and prevent recurrence.1 There are also a number of conditions that can cause dystrophy of nails (Table 1). The diagnosis of tinea nigra is made on clinical grounds aided by dermoscopy (described as a 'non-melanocytic pattern of pigmented spicules').12 Biopsy is not needed as the diagnosis can be easily confirmed by fungal skin scrapes and response to treatment with either topical antifungal ointment or topical combined benzoic acid and salicylic acid ointment.13 Acral lentiginous melanoma is a rare subtype of malignant melanoma found on distal skin, primarily the palms or soles, with the majority appearing on the feet.

Database: BNI

69. Large, Scaly Erythematous Patches

Author(s): Patel, Jay, BS; Dokic, Yelena, BSA; Rizk, Christopher, MD

Source: The Clinical Advisor : For Nurse Practitioners; Mar 2020; vol. 23 (no. 2); p. 35

Publication Date: Mar 2020

Publication Type(s): General Information

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

Abstract: Infectious agents such as human T-cell lymphoma virus-1 (HTLV-1) and Epstein-Barr virus have been identified as risk factors for other cutaneous lymphomas, but current data do not suggest they play a role in the development of MF.8,9 Patients with MF present with multiple patches, plaques, and/or skin tumors in sun-protected areas of the body.1 They often describe a long history (10-15 years) of chronic dermatitis consisting of itchy patches that appear and spontaneously resolve.1 In the early patch stage, patients will have numerous erythematous, scaly patches, as well as macules that vary in size and have well-defined borders.1'2 The lesions, which range in color from orange to purplish red, often erupt and disappear spontaneously without scarring.1,4 In the early stages, diagnosis can be difficult and often requires numerous biopsies.2 Itching is a common complaint during these stages. First-line treatment of topical disease includes topical corticosteroids, ultraviolet B phototherapy, psoralen and ultraviolet A (PUVA), and localized radiotherapy.1,2,10 Systemic treatment includes interferon alfa or gamma, oral retinoids (vitamin A), low-dose methotrexate, total skin electron beam therapy, and/or chemotherapy.1,2,10 Targeted therapies also can be used as alternatives to chemotherapy to debulk large tumors. The fungi that cause TC normally are found on the skin but can develop into an opportunistic infection.14 TC can spread between people, between pets and humans, and between fomites (ie, bed linens or athletic gear) and skin.13,19 In addition, minor trauma, such as that from close contact or mat and carpet burns, can create an environment that allows fungal species to flourish. [...]individuals who participate in close-contact sports, such as wrestling, football, and rugby, are more likely to develop TC.21 Clinically, patients with TC present with an annular or serpiginous scaly plaque that has central clearing and an erythematous raised ring on the perimeter. The plaque may be accompanied by pruritus, dry and flaky skin around the rash, or even hair loss within the rash.14 Histologically, septate, branching hyphae in the stratum corneum or skin scrapings are visualized.14 In addition, certain fungal species will fluoresce under Wood lamp examination.14 The differential diagnosis for TC includes erythema annulare centrifugum, nummular eczema, tinea versicolor, cutaneous candidiasis, contact dermatitis, pityriasis rosea, seborrhea, MF, and parapsoriasis.14 Majocchi granuloma, a deeper dermatophyte infection that involves hair follicles and is common in immunocompromised individuals,22 also is included in the differential diagnosis.22 TC is most commonly found on shaved surfaces such as the legs of women who apply topical corticosteroids after skin irritation, thus facilitating a fungal infection.14 TC is diagnosed clinically

Database: BNI

70. Instruments to Evaluate Self-Management of Radiation Dermatitis in Patients With Breast Cancer

Author(s): Pembroke, Michelle, PhD, RN, OCN®; Nemeth, Lynne S, PhD, RN, FAAN

Source: Oncology Nursing Forum; Jan 2020; vol. 47 (no. 1); p. 101

Publication Date: Jan 2020

Publication Type(s): Journal Article

Abstract:

PROBLEM IDENTIFICATION: Radiation dermatitis (RD) is an expected side effect of radiation to the breast and chest wall. Healthcare providers routinely grade the severity of RD without assessing its impact on quality of life for patients with breast cancer. Instruments are needed to identify a patient's ability and confidence to self-manage RD. LITERATURE SEARCH: A search was conducted of published literature from 2001 to 2018 tirat included patients who had received radiation therapy for breast cancer. A validated instrument was used to assess RD.

DATA EVALUATION: Eleven instruments were identified and evaluated for assessing self management.

SYNTHESIS: One instrument was identified that measured a patient's ability to self-manage symptoms. The Patient-Reported Outcomes Measurement Information System Self-Efficacy for Managing Chronic Conditions-Manage Symptoms should be considered for clinical integration.

IMPLICATIONS FOR PRACTICE: Using a validated instrument to assess patients' needs and ability to self-manage RD will promote personalized care plans tailored to each patient. Findings can be used to implement a patient-reported outcome measure into clinical practice, develop educational programs for RD management, and create personalized care plans.

Database: BNI

CASE #2: Erythematous, Scaly, Pruritic Lesions

Author(s): Kim, Mary B, BA; Lee, Michelle Eugene, BA; Rizk, Christopher, MD

Source: The Clinical Advisor : For Nurse Practitioners; Oct 2019; vol. 22 (no. 9); p. 31

Publication Date: Oct 2019

Publication Type(s): Case Study Journal Article

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

Abstract: Tinea infections are categorized as anthropophilic, zoophilic, or geophilic based on host colonization preference and whether transmission occurs via humans, animals, or the soil.1 Tinea corporis usually develops after skin-to-skin contact, with an infected area developing on 1 of the involved individuals.2 It can also be transmitted through contact with infected farm animals or pets, and various animals are vectors for different types of fungi.3 The causative dermatophytes of tinea infection are Microsporum, Trichophyton, and Epidermophyton.1 Tinea corporis and tinea capitis are the most common infections seen in children, whereas tinea cruris, tinea pedis, and tinea unguium are more frequently seen in adolescents and adults.2 Predisposing factors for tinea infection include geographic, social, and individual health conditions. For patients with persistent symptoms, skin biopsy with periodic acid-Schiff stain may be warranted.2 Differential diagnosis of tinea corporis includes nummular eczema, psoriasis, tinea versicolor, erythema multiforme, lupus erythematosus, pityriasis rosea, and granuloma annulare. No prophylaxis for tinea corporis is needed for asymptomatic household members or close contacts.2 The patient in this case did not have any systemic symptoms indicative of a complication of tinea corporis, nor was he in an immunocompromised state. [...]the patient was prescribed topical terbinafine and instructed to apply this medication to the affected area for 2 weeks.

Database: BNI

Rapid debridement with monofilament fibre debridement technology: clinical outcomes and practitioner satisfaction

Author(s): Roes, Claas; Calladine, Leanne; Morris, Clare

Source: Journal of Wound Care; 2019; vol. 28 (no. 8); p. 534

Publication Date: 2019

Publication Type(s): Journal Article

Abstract:

Objective: To determine the clinical effect and consequential levels of health professionals and patient satisfaction with the results of debridement episodes of wounds with visible slough and/or scaly skin using monofilament fibre debridement technology.

Methods: This was a non-comparative, open label evaluation conducted in static/non-healing acute and chronic wounds with visible slough and/or scaly skin that required debridement. Monofilament fibre debridement technology was applied in 1–2 sequential treatment episodes during normal clinical practice which followed local

practice, guidelines or formularies. Following the clinical phase of the evaluation, health professionals were invited to complete an online survey of the clinical outcomes and their satisfaction with them.

Results: Survey questions were answered by 1129 health professionals. Wounds managed using the monofilament fibre debridement technology during this evaluation included leg ulcers (63%), pressure ulcers (10%), dehisced surgical wounds (3%), diabetic foot ulcers (8%) and other wounds (13%). 'Other' wound types included acute dirty wounds, burns, cellulitis, psoriasis, diabetic amputation wounds, dry flaky skin, moisture wounds, trauma, varicose eczema. Of the wounds, 12% were reported as non-static. There was visible change in the wound and/or skin after first use of the monofilament fibre debridement technology in a high proportion of all wound types, and a further increase in the proportion of wounds with visible change after the second use. The visible difference was significant for both static and non-static wounds. User and patient satisfaction with all clinical outcomes were high, whether or not the user and patient had previous experience of monofilament fibre debridement technology.

Conclusion: Monofilament fibre debridement technology provides rapid, visible and effective debridement of slough and scaly skin after one application and further visible improvement after two applications in static and non-static wounds. Health professionals and patients report high levels of satisfaction with outcomes following application of the monofilament fibre debridement technology.

Database: BNI

73. CASE #1: Raised Ringed Erythematous Plaque on Thigh

Author(s): Wong, Christopher, BA; Johnson, Eleanor, BA; Rizk, Christopher, MD

Source: The Clinical Advisor : For Nurse Practitioners; Dec 2019; vol. 22 (no. 11); p. 30

Publication Date: Dec 2019

Publication Type(s): Case Study Journal Article

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

Abstract:

CASE #1 Erythema Annulare Centrifugum Erythema annulare centrifugum (EAC), coined by Darier in 1916 and roughly translated as "centrifuged, ring-shaped redness," is an uncommon chronic cutaneous eruption that presents as an outwardly expanding pink papule with an annular, arcuate, or polycyclic plaque.1 It is classified into a superficial variant, in which pruritic lesions have nonindurated borders and tend to desquamate, and a deep variant, in which lesions are typically nonpruritic and have firm, indurated borders without scaling1,2 Limited epidemiologic data suggest that the condition can affect individuals of any race, sex, or age, but is seen with greater prevalence in adults, especially in the third and fourth decades oflife.1 The etiology of EAC has not been elucidated, but it is thought that this condition is caused by a hypersensitivity reaction to infection, malignancy, systemic disease, medication, or pregnancy.1 In all of these cases, baseline physiology change is the recurring theme of disequilibrium in circulating immunologic factors or hormones. In cases of EAC linked to cancer, for example, treatment of the neoplasm is correlated with resolution of the skin lesions, while relapse is associated with recurrence.1 Of the infectious risk factors, superficial dermatophytoses such as tinea pedis, onychomycosis, and tinea corporis have been noted in up to 40% of patients with EAC.2 Other associated infectious agents include but are not limited to Candida, mycobacteria, Molluscipoxvirus, herpes zoster, Epstein-Barr virus, and HIV.1,3 EAC can also present as a component of a paraneoplastic syndrome preceding the diagnosis of lymphoproliferative malignancies, breast carcinoma, and other cancers2,4,5 or as a concurrent condition in patients with liver, endocrine, or autoimmune disease.2,6 Induction of EAC has been reported with numerous drugs - including finasteride, azacitidine, rituximab, ustekinumab, amitriptyline, gold sodium thiomalate, and ribavirin and pegylated interferon-a2a indicated for hepatitis C - with discontinuation of the drug leading to resolution of dermatologic symptoms.1 In addition, expectant mothers in the second and third trimesters of pregnancy have presented with EAC, albeit rarely; the lesions gradually fade shortly after delivery.1,7 The classic presentation of EAC is a patient who developed a pink papule on the buttock, thigh, or trunk that evolved into a larger plaque that has a lighter center with pronounced borders.1,2 While the diagnosis of EAC is primarily clinical, annular lesions that appear similar to it may be differentiated by histopathologic examination, particularly if they recur or are resistant to treatment. Classically, a dense infiltrate of lymphocytes, histiocytes, and eosinophils is distributed in a "coat-sleeve" pattern wrapped tightly

around blood vessels.1 In the superficial type of EAC, changes are primarily restricted to the epidermal or upper dermal layers and may involve hyperkeratosis, parakeratosis, spongiosis, or vacuolar degeneration.1 In contrast, the deep type of EAC is associated with perivascular infiltrates along vascular plexuses in the upper and lower dermis with minimal, if any, disruption of the epidermis.1 The differential diagnosis of EAC includes infectious conditions such as erythema chronicum migrans (Lyme borreliosis) and tinea corporis, other hypersensitivity conditions such as annular urticaria and erythema multiforme, chronic conditions such as annular subacute cutaneous lupus erythematosus and annular psoriasis, and malignancies such as mycosis fungoides.1 Due to its unknown etiology and lack of distinctive clinical features, EAC is often regarded as a diagnosis of exclusion.

Database: BNI

Erythematous, Pruritic Plaques

Author(s): Streight, Kaitlyn Lea, BS; Lee, Michelle Eugene, BA; Rizk, Christopher, MD

Source: The Clinical Advisor : For Nurse Practitioners; Sep 2019; vol. 22 (no. 8); p. 33

Publication Date: Sep 2019

Publication Type(s): Journal Article

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

Abstract: Assessment tools, such as The Psoriasis Area and Severity Index (PASI) score, are used following diagnosis to determine disease severity based on the extent of involvement. Because 30% of patients develop psoriatic arthritis as a complication, physicians should assess for joint symptoms at each visit.9 Screening for mental disorders, such as depression and anxiety, is crucial due to the impact of the disease on a patient's psychological well-being.10 Although biopsy is rarely required for diagnosis, histologic features can distinguish psoriasis from other conditions when the diagnosis is unclear. First-line therapy for mild cases often includes topical glucocorticoids, vitamin D analogues, or both. Furthermore, FLG mutations are found in 50% of patients with atopic dermatitis.15 Socioeconomic and environmental risk factors also play a role in the development of eczema, as suggested by the higher incidence of the disease in industrialized countries.14 Environmental factors positively correlated with eczema include colder climates, increased fast-food intake, obesity, pollution, and tobacco smoke. Antimicrobial agents can be effective in certain cases, as dermatologic infections are associated with eczema and often aggravate the disease.13 Phototherapy can be considered for treatment-resistant cases but can cause premature aging of the skin and increase the risk for skin cancer.15 Systemic immunosuppressants such as cyclosporine, glucocorticoids, methotrexate, mycophenolate, and azathioprine are reserved for patients with severe or refractory eczema due to the risk of side effects.13 An increased understanding of eczema in recent years has led to the development of monoclonal antibodies targeting specific cytokines involved in the pathogenesis of the condition, such as IL-4, IL-13, IL-22, and IL-31.

Database: BNI

. CASE #2: Erythematous, Eczematous, and Pruritic Lesions

Author(s): Lo, Jonathan, BA; Lee, Michelle E, BA; Rizk, Christopher, MD

Source: The Clinical Advisor : For Nurse Practitioners; Nov 2019; vol. 22 (no. 10); p. 23

Publication Date: Nov 2019

Publication Type(s): Case Study Journal Article

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

Abstract: Histologic examination of DLE lesions reveals a lichenoid reaction characterized by vacuolar degeneration and apoptotic keratinocytes (Civatte bodies).4 Lymphocytic infiltrate, follicular plugging, mucin deposition, and thickening of the basement membrane are also classic features of DLE.1'3'10 The lupus band test is another useful diagnostic tool with positive results in the majority ofpatients with DLE.1,3 This test detects the deposition ofimmunoglobulins and complement at the dermal-epidermal junction and is especially useful for the differentiation

of SLE and CLE. Other differentials include other CLE such as ACLE and SCLE, as well as scleroderma, mixed connective tissue disease, and rheumatoid arthritis.1'3 Early treatment is vital in DLE as lesions frequently lead to permanent hypopigmentation, scarring, and alopecia, which can be disfiguring, especially for darker-skinned individuals.1 Although no medications have been approved specifically for the treatment of DLE, topical corticosteroids and calcineurin inhibitors and systemic antimalarial agents are used as first-line treatment.1,3,4 Sun avoidance and protection as well as smoking cessation are recommended for all patients.3,4 Intralesional administration or short courses of oral corticosteroids may be necessary for chronic lesions that are unresponsive to topical corticosteroids or calcineurin inhibitors.1 For refractory cases, immunosuppressive agents such as methotrexate, mycophenolate mofetil, and azathioprine; biologics such as rituximab; immunomodulators such as dapsone and thalidomide; or retinoids may be considered.3,4 Thalidomide and lenalidomide have been shown to be effective for DLE; however, they are not considered first-line treatment as patients frequently relapse once medication is discontinued.1,4 A skin biopsy was performed on the patient in our case, the results of which were consistent with DLE. Other triggers include drug reactions and cutaneous T-cell lymphoma.3 For patients with psoriasis, risk factors include systemic illnesses, phototherapy damage, medications, sudden discontinuation of corticosteroids or immunosuppressants, or HIV.4 Drugs reportedly associated with erythroderma include penicillins, carbamazepine, sulfa drugs, antiepileptic agents, antihypertensive medications, and calcium channel blockers.While carbamazepine and penicillin are the most common inciting agents, it is important to consider an idiopathic etiology for any patient taking medications who presents with urticarial, lichenoid, or morbilliform rashes that develop into erythroderma.1'5 Other patterns of drug-induced exfoliative dermatitis include DRESS (drug rash with eosinophilia and systemic symptoms) syndrome, erythema multiforme, Stevens-Johnson syndrome, and toxic epidermal necrolysis.6 A less common cause of erythroderma is CD4+ cutaneous T-cell lymphoma. Specifically, elevated serum levels of intercellular adhesion molecule-1, vascular cell adhesion molecule-1, and E-selectin are seen in patients with erythroderma secondary to psoriasis, eczema, and Sezary syndrome.7 The increased inflammatory cell recruitment results in increased turnover of the epidermis, leading to a dysmetabolic state and associated complications such as dehydration, electrolyte imbalance and infection.

Database: BNI

Rash With Burning and Pruritus

Author(s): Sheu, Jessica C, BA; Lee, Michelle E, BA; Rizk, Christopher, MD

Source: The Clinical Advisor : For Nurse Practitioners; Nov 2019; vol. 22 (no. 10); p. 27

Publication Date: Nov 2019

Publication Type(s): Case Study Journal Article

Abstract: CASE #1 Allergic Contact Dermatitis Allergic contact dermatitis (ACD) is a T-cell-mediated, delayed-type IV hypersensitivity reaction to exogenous agents.1,2 ACD and irritant contact dermatitis (ICD) frequently exist together, which contributes to the difficulty in measuring the prevalence of ACD on its own. At work and home, risk factors for ACD include contact with chemicals in cleaning supplies, nail and hair products, and skin care products.3 ACD can vary in presentation depending on the time course and severity. In patients with chronic ACD, epidermal proliferation, scale crust, and papillary fibrosis of the dermis mostly characterize the skin histology, with limited spongiosis and vesicles.7 The differential diagnosis for ACD includes ICD, atopic dermatitis, psoriasis, rosacea, erythroderma, lichen planus, xerotic eczema, stasis dermatitis, and seborrheic dermatitis.3,7 If ACD appears in the groin, it must be distinguished from extramammary Paget disease, Candida, erythrasma, or inverse psoriasis. [...]topical calcineurin inhibitors such as tacrolimus or pimecrolimus are prescribed following brief topical steroid use in areas with a thin epidermis.3,9 Although rare, chronic ACD may require immunosuppressive treatment with cyclosporine, azathioprine, or mycophenolate.3 Based on the patient's history (wearing a new necklace), ACD was suspected.

Database: BNI

Resources spent on dermatological emergency patients: A twelve-month prospective data collection from Germany

Author(s): Ansorge C.; von Bubnoff D.; Technau-Hafsi K.; Miocic J.M.

Source: JDDG - Journal of the German Society of Dermatology; Oct 2019; vol. 17 (no. 10); p. 1018-1026

Publication Date: Oct 2019

Publication Type(s): Article

PubMedID: 31479574

Available at Journal der Deutschen Dermatologischen Gesellschaft = Journal of the German Society of Dermatology : JDDG - from Wiley Online Library

Abstract:

Background and objectives: Rising numbers of patients consulting emergency units are associated with an increased demand for material and personnel. In order to better quantify these resources, we performed an analysis of diagnostic procedures, treatment types, and the quantity and educational level of staff involved in emergency consultations.

Patients and Methods: The study was conducted as a prospective single-center survey over twelve months in the dermatology unit of a Germany university hospital. 3155 consultations were included by consecutive sampling. Result(s): Diagnostic tests (e.g. microbiological swab, blood testing, punch biopsy) were performed in 29 % of all consultations. Physicians prescribed treatment in 70 % of cases, with steroids and antihistamines being the most frequent topical and systemic treatment, respectively. Each patient was seen by at least one physician and a nurse, and in 25 % of cases an additional physician was involved. Less than thirty minutes was required for the consultation in the vast majority of cases. On average, emergency consultations required two hours per day of the treating physician's time, not including the time of other involved staff such as nurses and laboratory technicians. Conclusion(s): This study demonstrates the extent of resources involved in the treatment of dermatological emergency consultations.Copyright © 2019 Deutsche Dermatologische Gesellschaft (DDG). Published by John Wiley & Sons Ltd.

Database: EMBASE

Dermatological complications of therapy with biologics in inflammatory autoimmune diseases

Author(s): Sondermann W.; Herz S.; Sody E.; Korber A.

Source: JDDG - Journal of the German Society of Dermatology; Oct 2019; vol. 17 (no. 10); p. 1029-1037

Publication Date: Oct 2019

Publication Type(s): Article

PubMedID: 31631555

Available at Journal der Deutschen Dermatologischen Gesellschaft = Journal of the German Society of Dermatology : JDDG - from Wiley Online Library

Abstract:

Background and objective: Cutaneous adverse events (CAEs) occur in up to 10 % of patients with immune-mediated inflammatory disease (IMID) treated with antitumor necrosis factor (TNF)alpha agents. The aim of this clinical study was to track and observe the course of CAEs in all biologic therapies.

Patients and Methods: The population for this study consisted of patients with CAEs under biologic therapy who were examined by experienced board-certified dermatologists in the outpatient department of the University Hospital Essen, Department of Dermatology.

Result(s): Altogether 39 patients with a total of 45 CAEs were included in this study. In 60 % of the cases a form of paradoxical psoriasis was diagnosed. Two thirds (66.6 %) of the patients with CAEs were diagnosed with an underlying inflammatory bowel disease (IBD). TNFalpha antagonists were the triggering agents in about 95 % of the

cases. Changes in biological therapy were required in nearly half of the cases (46.2 %). Almost 90 % of the patients had either a complete (42.1 %) or a partial response (47 %).

Conclusion(s): Management of CEAs under biological therapy can be challenging in clinical practice. Case discussions between gastroenterologists, rheumatologists and dermatologists should be undertaken to best manage patients with CAEs and avoid unnecessary changes of therapy.Copyright © 2019 Deutsche Dermatologische Gesellschaft (DDG). Published by John Wiley & Sons Ltd.

Database: EMBASE

Contact urticaria: Frequency, elicitors and cofactors in three cohorts (Information Network of Departments of Dermatology; Network of Anaphylaxis; and Department of Dermatology, University Hospital Erlangen, Germany)

Author(s): Sus H.; Mahler V.; Dolle-Bierke S.; Worm M.; Geier J.; Kreft B.; Oppel E.; Pfohler C.; Skudlik C.

Source: Contact Dermatitis; Nov 2019; vol. 81 (no. 5); p. 341-353

Publication Date: Nov 2019

Publication Type(s): Article

PubMedID: 31173644

Available at Contact dermatitis - from Wiley Online Library

Available at Contact dermatitis - from Unpaywall

Abstract:

Background: Contact urticaria (CU) is an infrequent, mostly occupational disease that may be life-threatening (CU syndrome stage 4). Objective(s): To identify the current frequency, elicitors and cofactors of CU. Patient(s): Three cohorts were retrospectively analysed for CU: (a) patients from the Information Network of Departments of Dermatology (IVDK) database (2000-2014; n = 159 947); (b) patients from an allergy unit (Department of Dermatology, University Hospital Erlangen, 2000-2015; n = 4741); and (c) patients from the Anaphylaxis Registry (2007-2015: 6365 reported cases, including 2473 patients with Ring and Messmer grade III-IV reactions) for severe cases with skin/mucosal manifestations occurring at the workplace vs cases not occurring at the workplace (n = 68 vs n = 1821).

Result(s): Four hundred and forty-eight CU patients (0.28%) were diagnosed in the IVDK cohort, and 16 (0.34%) (10 of immunological aetiology, and 6 of non-immunological aetiology) in the Erlangen cohort. The most frequent elicitors in the IVDK cohort were cosmetics, creams, sun protection agents (although these were less frequent in CU patients than in controls without CU; 26.8% vs 35.6%, P <.0001), and gloves (significantly more frequent in CU patients than in controls; 18.1% vs 6.5%, P <.0001). The most frequent elicitors in the Erlangen cohort were natural rubber latex and sorbic acid. Among the MOAHLFA index characteristics, in both cohorts occupational disease was more common in CU patients than in patients without CU. CU was significantly associated with allergic rhinitis and allergic asthma. Wet work was a relevant cofactor. In the Anaphylaxis Registry, 19 cases (0.3%) were identified with severe reactions including skin symptoms at the workplace linked to common occupational elicitors.

Conclusion(s): CU is a rare occupational skin manifestation with a frequency of <0.4% in the examined patients; it may, however, progress to anaphylaxis. Preventive measures are important, and should take into account the identified elicitors and cofactors.Copyright © 2019 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd

Database: EMBASE

Is there still a role for UV therapy in itch treatment?

Author(s): Legat F.J.

Source: Experimental Dermatology; Dec 2019; vol. 28 (no. 12); p. 1432-1438

Publication Date: Dec 2019

Publication Type(s): Article

PubMedID: 31343082

Available at Experimental dermatology - from Wiley Online Library

Available at Experimental dermatology - from Unpaywall

Abstract:

Itching is a frequent and greatly distressing symptom related to many skin and systemic diseases. New insights into the pathophysiology of itchy skin and potentially involved mediators have increased the interest in and development of new treatments that specifically act on targets involved in the transmission and perception of itching. Phototherapy has long been known and used as an effective treatment for various kinds of chronic itching. However, despite its well-known beneficial effects, the mechanisms behind the antipruritic effect of phototherapy are less well-known. In addition, phototherapy requires the use of expensive equipment in dermatology offices, patients must undergo repeated treatments and no large, randomized, controlled trials have yet supported the antipruritic effect of UV. Therefore, phototherapy is rarely recommended as a treatment method for chronic pruritic diseases or only used as a last recourse. However, the wide range of pruritic conditions that can be successfully treated with phototherapy, together with its low acute side effects, extremely low frequency of interactions with other medications, possibilities to combine phototherapy with other treatment modalities and the fact that patients of almost all ages-from childhood to old age, including women during pregnancy or lactation-can be treated make UV therapy advantageous over other treatments of chronic pruritus. Thus, despite the development of new targeted therapies against pruritus, UV therapy is neither outdated nor the 'last recourse', but should be considered early on in the treatment of chronic pruritus.Copyright © 2019 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd

Database: EMBASE

Drug induced dermatological reaction of the 100 most commonly prescribed medications in UK hospitals

Author(s): Al-Abadie M.; Oumeish F.; Al-Rubaye M.; Al-Abadie D.; Ball P.A.; Morrissey H.

Source: International Journal of Current Pharmaceutical Research; 2019; vol. 11 (no. 5); p. 54-57

Publication Date: 2019

Publication Type(s): Article

Available at International Journal of Current Pharmaceutical Research - from Unpaywall

Abstract:

Objective: It is commonly reported that medicines have side effects related to dermatological practice. However, it is extremely difficult to establish how commonly, or rarely skin-related medication side effects occur. Common dermatological side effects include rash, pruritus, and photosensitivity.

Objective(s): To demonstrate the dermatological side-effects of the most commonly prescribed medications in the United Kingdom.

Method(s): This paper discusses dermatological side-effects of the commonly prescribed medications, including uncommon or rare manifestations such as angioedema and Stevens - Johnson syndrome (SJS). The list used for the most frequently prescribed drugs in the United Kingdom was created by nurses. This list was compared to the British National Formulary to demonstrate the reported frequency of occurrence of dermatological side-effects or complications.

Conclusion(s): The top 100 prescribed medication cause a number of dermatological side effects that need to be considered when they are prescribed to patients who have pre-existing skin conditions. Additionally, when confronted with a common dermatological problem in any patient, clinicians should always consider the possibility of a drug adverse reaction.Copyright © 2019 The Authors.

Database: EMBASE

How does the joint dermatology-rheumatology clinic benefit both patients and dermatologists?

Author(s): Theodorakopoulou E.; Dalamaga M.; Papadavid E.; Katsimbri P.; Boumpas D.T.

Source: Dermatologic Therapy; 2020

Publication Date: 2020

Publication Type(s): Article

PubMedID: 32092214

Available at Dermatologic therapy - from Wiley Online Library

Abstract: Psoriasis (Pso) and psoriatic arthritis (PsA) are chronic and debilitating diseases which often develop in the same patient and are linked to a wide range of comorbid conditions. Dermatologists and rheumatologists need to cooperate in combined clinics, especially when they deal with severe, recalcitrant disease, and multiple comorbidities. The clinical and research benefits of this collaboration have been previously described to contribute to a better and more sustainable health care system. To apply a more holistic approach of patients with Pso and PsA, we established the first dual care clinic in Greece, for Pso and PsA patients, based at Attikon General University Hospital. Hereby, we describe the infrastructure and operation of a combined Pso and PsA clinic (PPAC), in the national health care system of Greece, and its impact on the management of Pso and PsA. The PPAC is a single-day joint clinic, held once a week, which consists of three dermatologists and three rheumatologists. We present the results of 185 newly diagnosed patients between December 2018 and January 2019. Mean age of onset of Pso was 34 +/- 16 years old and 47 +/- 12 years old for PsA. Most patients suffered from severe plaque Pso (144/185, 78%) and asymmetric oligoarticular arthritis (59/185, 32%), for which they were receiving treatment with biologic agents (105/185, 57%). Many required monitoring for hypertension (74/185, 40%), dyslipidemia (69/185, 37%), diabetes (17/185, 9%), and depression (20/185, 11%). Patients reported high levels of care satisfaction (visual analogue scale: 86 +/- 11.5), using the PPAC facility, compared to different referrals between specialties. This is the first joint dermatology-rheumatology clinic in Greece, providing comprehensive care in patients with Pso and PsA. Our results support the concept of combined clinics delivering better integrated care for such patients.

Database: EMBASE

Diagnoses of hospitalized patients with skin abnormalities prompting biopsy by consulting dermatologists: A 3-year review from a tertiary care center

Author(s): Ellis A.; Billings S.D.; Khanna U.; Warren C.B.; Piliang M.; Vij A.; Ko J.S.; Bergfeld W.F.; Fernandez A.P.

Source: Journal of cutaneous pathology; Apr 2020; vol. 47 (no. 4); p. 346-356

Publication Date: Apr 2020

Publication Type(s): Article

PubMedID: 31845375

Available at Journal of cutaneous pathology - from Wiley Online Library

Available at Journal of cutaneous pathology - from Unpaywall

Abstract:

BACKGROUND: Dermatologists play an important role in diagnosing and managing hospitalized patients with cutaneous abnormalities. Skin biopsies remain an indispensable tool for aiding dermatologists in accurate diagnosis and treatment. We aimed to determine the range of conditions, and the most common conditions, prompting skin biopsy by dermatology hospital consultation (HCON) services to aid in evaluation of hospitalized patients. METHOD(S): All hospitalized patients seen by a single tertiary care center dermatology HCON service between 2015 and 2018 who had associated skin biopsies were identified. Histologic features and clinical diagnoses of each patient were classified into 13 histologic reaction pattern categories. RESULT(S): Eight hundred and thirty one inpatients evaluated by our dermatology HCON service had 914 skin biopsies. The most frequent diagnostic categories prompting biopsy were vasculopathic (17.6%), interface dermatitis (16.5%), infectious (12.6%), and spongiotic dermatitis (10.9%). The most frequent diagnostic categories included drug reaction (13.2%), leukocytoclastic

vasculitis (8.5%), skin cancer (5.4%), graft-vs-host disease (3.5%), connective tissue disease (3.3%), and calciphylaxis (3.0%).

CONCLUSION(S): Our study suggests a variety of serious diseases affecting inpatients prompts biopsy by dermatology consultation services. Educational curricula for dermatology and pathology residents, fellows, and staff designed with these data may enhance knowledge that improves the quality of inpatient dermatology care.

Database: EMBASE

A clinical analysis of vulvar dermatoses in department of dermatology; Hygiene management of vulvar eczematous dermatoses

Author(s): Park S.H.; Jin W.J.; Kim J.U.; Cho G.J.; Moon S.H.; Seol J.E.; Kim H.

Source: Journal of the American Academy of Dermatology; Oct 2019; vol. 81 (no. 4)

Publication Date: Oct 2019

Publication Type(s): Conference Abstract

Abstract:

Background: Vulvar dermatoses are common, but numerous obstacles impede their adequate clinical investigation. Objective(s): This study was performed to investigate the clinical aspects of vulvar dermatoses and to evaluate the efficacy of hygiene management for treatment of vulvar eczema.

Method(s): We retrospectively reviewed medical records from female patients presenting with vulvar dermatoses, including age, clinical manifestation, diagnosis, treatment, and clinical course.

Result(s): A total of 163 patients were enrolled in this study. The most frequent type of skin manifestation was macule/patch, with itching as the most common symptom. Lichen simplex chronicus (20.9%) was the most common dermatosis, followed by lichen sclerosus et atrophicus (12.9%) and Behcet's disease (11.0%). In addition, 56 patients (34.4%) suffered from acute or chronic vulvar eczema, over half of which had been misdiagnosed or had mistreated themselves with multiple over-the-counter products. These patients mostly showed good response to hygiene management, which showed efficacy similar to systemic steroid treatment.

Conclusion(s): In this study, we identified clinically common vulvar dermatoses in a cohort of women visiting our dermatology clinic. In addition, we found that vulvar eczema can be effectively controlled by hygiene management, without systemic steroid. Further investigation with a larger group of patients would provide better understanding of the characteristics of vulvar dermatoses.

Database: EMBASE

The life-threatening eruptions of immune checkpoint inhibitor therapy

Author(s): Coleman E.L.; Olamiju B.; Leventhal J.S.

Source: Clinics in Dermatology; 2020; vol. 38 (no. 1); p. 94-104

Publication Date: 2020

Publication Type(s): Article

PubMedID: 32197753

Available at Clinics in dermatology - from Unpaywall

Abstract: Immune checkpoint inhibitors (ICPi) have emerged as a new frontier of cancer therapy. Although monoclonal antibodies to cytotoxic T-lymphocyte associated protein 4 (CTLA-4), programmed cell death 1 (PD-1), and programmed cell death ligand 1 (PD-L1) have revolutionized oncologic management, these agents may result in a spectrum of immune-related adverse events (irAE) of which dermatologic toxicities are among the most frequent. Prompt recognition and management of irAE is essential for dermatologists caring for the expanding population of

cancer patients exposed to these drugs. Cutaneous toxicities range from mild cases to severe and life-threatening presentations that may cause significant morbidity and mortality. This review provides an overview of severe cutaneous adverse reactions (SCARs) that may develop during ICPi therapy, including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), drug reaction with eosinophilia and systemic symptoms (DRESS), and acute generalized exanthematous pustulosis (AGEP). In addition, immunobullous disorders, erythroderma, neutrophilic dermatoses, and cutaneous eruptions associated with systemic manifestations are discussed.

Database: EMBASE

Dapsone in a large tertiary center: Outdated therapeutic option or timeless agent?

Author(s): Anzengruber F.; Schenk J.; Graf V.; Nordmann T.M.; Guenova E.; Dummer R.

Source: Dermatology; May 2020; vol. 236 (no. 3); p. 183-190

Publication Date: May 2020

Publication Type(s): Article

PubMedID: 31509850

Abstract:

Background: The ancient drug dapsone has antimicrobial and anti-inflammatory features. In dermatology, dapsone is primarily used for neutrophil-dominant skin diseases. However, real-life data assessing the long-Term efficacy of dapsone across multiple dermatological diseases is missing.-

Objectives: To determine the efficacy and safety of dapsone in patients with inflammatory skin diseases treated at the Department of Dermatology of the University Hospital Zurich.

Method(s): The hospital database was searched for patients treated with dapsone in the last 20 years (from January 1, 1998, to December 31, 2017). Overall, 175 patients were included in our study. Result(s): Thirty-four patients received dapsone for eosinophilic dermatoses, 82 for neutrophilic dermatoses and 59 for other dermatoses. After 3 months, 8% of all patients reached complete remission, 40.6% showed improvement, 30.3% had stable disease, and only 9.1% had disease progression. Final treatment evaluation revealed complete response in 13.2%, disease improvement in 47.4%, stable disease in 25.7% and disease progression in only 12.0%. Patients who showed remission or improvement after 3 months were significantly older than patients with stable or progressive disease. In addition, remission after 3 months was associated with a significantly lower dose of dapsone compared to improvement only. Hemolysis was the most common adverse event (21.7%).

Conclusion(s): Our data show that dapsone is a valid treatment option in various dermatological diseases, leading to a favorable response in the vast majority of patients. In addition, it is well tolerated, safe and inexpensive. Randomized, controlled trials are needed to further elucidate the role of this high-potential drug.

Database: EMBASE

Gastrointestinal involvement of primary skin diseases

Author(s): Lu C.-Y.; Kuo C.-H.; Hsieh M.-S.; Wei K.-C.; Ezmerli M.; Chen W.

Source: Journal of the European Academy of Dermatology and Venereology : JEADV; May 2020

Publication Date: May 2020

Publication Type(s): Article

PubMedID: 32455473

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

Abstract: Less is known about gastrointestinal (GI) involvement of primary skin diseases due to the difference in embryology, histology, microbiology and physiology between integument and alimentary tract. Esophagus, following

the oropharyngeal mucosa, is the most common GI segment affected by primary skin diseases, especially by eosinophilic esophagitis, lichen planus, and autoimmune bullous dermatoses like pemphigus vulgaris, mucosal membrane pemphigoid and epidermolysis bullosa acquisita. Eosinophilic esophagitis is an emerging chronic atopic disease with esophageal dysfunction as the typical presentation, and esophageal narrowing, rings and stricture as late complications. Esophageal lichen planus mainly involves the proximal to mid-esophagus in elderly-aged women with long-term oral mucosal lesions. In acute attack of pemphigus vulgaris esophageal involvement is not uncommon but often neglected and may cause sloughing esophagitis (esophagitis dissecans superficialis) with acute GI bleeding in rare cases. GI manifestation of hereditary bradykininergic angioedema with colicky acute abdomen mostly affects small intestine, usually in the absence of pruritus or urticaria, and is more severe and long-lasting than the acquired histaminergic form. Strong evidence supports association between inflammatory bowel disease, especially Crohn disease, and hidradenitis suppurativa/acne inversa. Patients with vitiligo need surveillance of autoimmune liver disease, autoimmune atrophic gastritis or celiac disease when corresponding symptoms become suspect. Melanoma is the most common primary tumor metastatic to the GI tract, with small intestine predominantly targeted. Gastrointestinal involvement is not uncommon in disseminated mycosis fungoides. Extramammary Paget's disease is an intraepidermal adenocarcinoma of controversial origin and a high association between the ano-genital occurrence and colorectal adenocarcinoma has been reported. As GI tract is the largest organ system with multidimensional functions, dermatologists in daily practice should be aware of the gastrointestinal morbidities related to primary skin diseases for an early diagnosis and treatment.

Database: EMBASE

Bullous fixed drug eruption: A potential diagnostic pitfall: a study of 18 cases.

Author(s): Zaouak, Anissa; Ben Salem, Fatma; Ben Jannet, Sélima; Hammami, Houda; Fenniche, Samy

Source: Therapie; Oct 2019; vol. 74 (no. 5); p. 527-530

Publication Date: Oct 2019

Publication Type(s): Journal Article

PubMedID: 31006486

Abstract:

BACKGROUND: Bullous fixed drug eruption (BFDE) is a rare and particular adverse drug reaction characterized by localized or generalized blisters and erosions, which can be confused with Stevens-Johnson syndrome, toxic epidermal necrolysis, major erythema multiforme and autoimmune bullous dermatosis.

OBJECTIVE: The aim of our study was to assess the epidemiological, clinical and therapeutic features and outcome of BFDE.METHODSA retrospective and descriptive study collecting all observations of BFDE was conducted in the dermatology department of Habib Thameur Hospital in Tunisia, over an 18-year period (2000-2017). The diagnosis of BFDE was confirmed by histopathological examination and all the patients underwent pharmacovigilance investigation.

RESULTS: Totally, 18 cases were enrolled in our study with BFDE. The mean age was 57.9 years with a sex ratio M/F of 1. BFDE was localized in 8 cases and generalized in 10 cases. It was the first episode of BFDE in 11 patients and a recurrence in 7 patients. Drugs involved in the genesis of BFDE in our study were mainly non-steroidal anti-inflammatory drugs in 10 patients and antibiotics in 5 cases. Drug patch tests were performed in four patients on the residual plaques of FDE (fixed drug eruption) and were positive to the suspected drug. A favorable outcome was observed in all our patients under treatment and after suspected drug withdrawal.

CONCLUSION: BFDE is a rare adverse drug reaction and could be severe especially when it presents as a generalized eruption. Drugs involved are mainly non-steroidal anti-inflammatory drugs followed by antibiotics.

Database: Medline

Stevens-Johnson syndrome and toxic epidermal necrolysis: a retrospective descriptive study.

Author(s): Carrasquillo, Osward Y; Santiago-Vazquez, Marely; Cardona, Rocio; Cruz-Manzano, Mariana; Figueroa, Luz D

Source: International journal of dermatology; Nov 2019; vol. 58 (no. 11); p. 1293-1299

Publication Date: Nov 2019

Publication Type(s): Journal Article

PubMedID: 31166019

Available at International journal of dermatology - from Wiley Online Library

Abstract:

BACKGROUND: Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are rare and potentially life-threatening mucocutaneous reactions. Given their rarity, limited cohort studies have been done. The aim of this study is to evaluate and compare the demographics, etiology, management, clinical and laboratory characteristics, complications, and outcome of SJS/TEN patients seen by the inpatient dermatology service at the University of Puerto Rico.

METHODS: A retrospective review of 30 cases with identified diagnosis of SJS, overlap SJS/TEN, or TEN who were consulted to the Dermatology Department of the University of Puerto Rico from 2006 to 2017.

RESULTS: A total of 24 adult and six pediatric cases were reviewed. Females were predominant with a female to male ratio of 1.3 : 1. The most frequent offending drugs identified were antibiotics (56.7%), anticonvulsants (23.3%), and nonsteroidal anti-inflammatory drugs (NSAIDs) (16.7%) with the most frequent antibiotic identified being trimethoprim/sulfamethoxazole (23.3%). Seventy percent of patients experienced at least one complication, most often of infectious etiology (80.1%). During hospital course, 73% received pharmacologic therapy (23% received IVIG alone, 17% received steroids alone, and 33% both) versus 27% which received only supportive care. Mortality rate in this study was 13.8%. When comparing SCORTEN at day one of admission, deceased cases had a mean SCORTEN at day 1 of 4.0, while survivors had an average of 1.54 ($P < 0.001$).

CONCLUSION: Antibiotics followed by anticonvulsants were the most frequently offending drugs identified within this study.

Database: Medline

Association of Early Systemic Corticosteroid Therapy with Mortality in Patients with Stevens-Johnson Syndrome or Toxic Epidermal Necrolysis: A Retrospective Cohort Study Using a Nationwide Claims Database.

Author(s): Morita, Kojiro; Matsui, Hiroki; Michihata, Nobuaki; Fushimi, Kiyohide; Yasunaga, Hideo

Source: American journal of clinical dermatology; Aug 2019; vol. 20 (no. 4); p. 579-592

Publication Date: Aug 2019

Publication Type(s): Journal Article

PubMedID: 31041733

Abstract:

BACKGROUND: Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe dermatologic disorders with high mortality. The role of systemic corticosteroids as an adjunctive therapy for SJS or TEN remains controversial.

OBJECTIVE: The aim of this study was to determine whether treatment with early systemic corticosteroids impacts the in-hospital mortality of patients hospitalized with SJS or TEN.

METHODS: Using the Japanese Diagnosis Procedure Combination Database, a large nationwide inpatient administrative claims database, we identified inpatients aged ≥ 18 years who were admitted with SJS or TEN. Treatment with early systemic corticosteroids was defined as starting treatment with systemic corticosteroids within 2 days (day 0 or day 1) of admission. The primary outcome was in-hospital mortality. We examined the association between early systemic corticosteroids and in-hospital mortality using propensity score (PS) analyses.

RESULTS: We identified 1846 eligible patients with SJS or TEN, including 793 patients with early systemic corticosteroid use at ≤ 2 mg/kg/day, 558 patients with early systemic corticosteroid use at > 2 mg/kg/day, and 495 patients without early corticosteroid use. PS matching created 235 pairs (> 2 mg/kg/day vs. controls) and 332 pairs (≤ 2 mg/kg/day vs. controls). Early systemic corticosteroid use was not significantly associated with lower in-hospital mortality by PS matching (> 2 mg/kg/day vs. controls: relative risk [RR] 0.83, 95% confidence interval [CI] 0.37-1.85; ≤ 2 mg/kg/day vs. controls: RR 0.61, 95% CI 0.28-1.36) and by inverse probability of treatment weighting (> 2 mg/kg/day vs. controls: RR 0.99, 95% CI 0.45-2.19; ≤ 2 mg/kg/day vs. controls: RR 0.65, 95% CI 0.29-1.47).

CONCLUSION: Early systemic corticosteroid therapy for patients with SJS or TEN was not associated with lower in-hospital mortality. Further studies are needed to define the effect of corticosteroids for patients with SJS or TEN.

Database: Medline

Psychosocial Aspects of Adult Acne: Data from 13 European Countries.

Author(s): Altunay, Ilknur K; Özkur, Ezgi; Dalgard, Florence J; Gieler, Uwe; Tomas Aragones, Lucía; Lien, Lars; Poot, Françoise; Jemec, Gregor B; Misery, Laurent; Szabó, Csanád; Linder, Dennis; Sampogna, Francesca; Evers, Andrea W M; Halvorsen, Jon Anders; Balieva, Flora; Szepietowski, Jacek C; Romanov, Dmitry V; Marron, Servando E; Finlay, Andrew Y; Salek, Sam; Kupfer, Jörg

Source: Acta dermato-venereologica; Feb 2020; vol. 100 (no. 4); p. adv00051

Publication Date: Feb 2020

Publication Type(s): Journal Article

PubMedID: 31993670

Available at Acta dermato-venereologica - from IngentaConnect - Open Access

Available at Acta dermato-venereologica - from EBSCO (MEDLINE Complete)

Available at Acta dermato-venereologica - from EBSCO (Biomedical Reference Collection - Comprehensive)

Available at Acta dermato-venereologica - from Unpaywall

Abstract: The link between acne and psychiatric morbidities has been demonstrated in many studies; however, large scale studies aiming to reveal the psychosocial impact of acne are rare. The aim of this study was to assess the psychological burden of adult acne patients. This analysis was based on a multicenter study including 213 acne patients and 213 controls from 13 European countries. The Hospital Anxiety and Depression Scale (HADS), Dermatology Life Quality Index, and EuroQol 5 dimensions 3 levels scores of the patients with acne were analyzed. Patients with acne (n = 213) had higher HADS scores for anxiety (mean ± standard deviation 6.70 ± 3.84) and depression (3.91 ± 3.43) than the controls ($p < 0.001$ for both). For patients with acne, 40.6% reported that they were very concerned about their skin disease, 12.3% had suicidal ideation, and, among those, 10 (4%) patients implied that acne was the cause of their suicidal thoughts. After adjusting for other variables, patients who had suicidal ideation ($p = 0.007$, and adjusted odds ratio 3.32 [95% confidence interval (CI): 1.39-7.93]) and stressful life events ($p < 0.001$, and adjusted OR 5.85 [95% CI: 2.65-12.86]) had a greater chance of fulfilling the HADS criteria for anxiety. This study highlights the need for a psychotherapeutic approach in order to recognize the concerns of acne patients and optimize their treatment.

Database: Medline

Cancer

European Dermatology Forum guidelines on topical photodynamic therapy 2019 Part 2: emerging indications - field cancerization, photorejuvenation and inflammatory/infective dermatoses

Author(s): Morton C.A.; Szeimies R.-M.; Karrer S.; Basset-Seguin N.; Calzavara-Pinton P.G.; Gilaberte Y.; Haedersdal M.; Hofbauer G.F.L.; Hunger R.E.; Piaserico S.; Ulrich C.; Wennberg A.-M.; Braathen L.R.

Source: Journal of the European Academy of Dermatology and Venereology; Jan 2020; vol. 34 (no. 1); p. 17-29

Publication Date: Jan 2020

Publication Type(s): Article

PubMedID: 31805604

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: In addition to approved indications in non-melanoma skin cancer in immunocompetent patients, topical photodynamic therapy (PDT) has also been studied for its place in the treatment of, as well as its potential to prevent, superficial skin cancers in immune-suppressed patients, although sustained clearance rates are lower than for immune-competent individuals. PDT using a nanoemulsion of ALA in a daylight or conventional PDT protocol has been approved for use in field cancerization, although evidence of the potential of the treatment to prevent new SCC remained limited. High-quality evidence supports a strong recommendation for the use of topical PDT in photorejuvenation as well as for acne, refractory warts, cutaneous leishmaniasis and in onychomycosis, although these indications currently lack approvals for use and protocols remain to be optimized, with more comparative evidence with established therapies required to establish its place in practice. Adverse events across all indications for PDT can be minimized through the use of modified and low-irradiance regimens, with a low risk of contact allergy to photosensitizer prodrugs, and no other significant documented longer-term risks with no current evidence of cumulative toxicity or photocarcinogenic risk. The literature on the pharmacoeconomics for using PDT is also reviewed, although accurate comparisons are difficult to establish in different healthcare settings, comparing hospital/office-based therapies of PDT and surgery with topical ointments, requiring inclusion of number of visits, real-world efficacy as well as considering the value to be placed on cosmetic outcome and patient preference. This guideline, published over two parts, considers all current approved and emerging indications for the use of topical photodynamic therapy in Dermatology prepared by the PDT subgroup of the European Dermatology Forum guidelines committee. It presents consensual expert recommendations reflecting current published evidence.

Database: EMBASE

Protective effects of doxepin cream on radiation dermatitis in breast cancer: A single arm double-blind randomized clinical trial

Author(s): Shariati L.; Naji Esfahani H.; Haghjooy Javanmard S.; Ghasemi A.; Amouheidari A.; Abed A.; Laher I.; Vaseghi G.

Source: British Journal of Clinical Pharmacology; 2020

Publication Date: 2020

Publication Type(s): Article

PubMedID: 32040868

Available at British journal of clinical pharmacology - from Wiley Online Library

Abstract:

Aims: Breast cancer is the most frequently occurring cancer in women. Lumpectomy followed by radiotherapy is suggested to be as effective as a total mastectomy. Radiation-induced dermatitis often occurs as a result of breast radiotherapy. Recent studies suggest that doxepin has promising anti-inflammatory properties. This study was undertaken to evaluate the effects of doxepin therapy on radiation dermatitis.

Method(s): A double-blind randomized clinical trial was launched from 2016 to 2017, with a total of 48 patients who had undergone breast-conserving surgery and received postoperative radiation therapy. Radiotherapy was applied 5 days per week for 5 weeks. Adverse dermatological effects were evaluated by a physician at the beginning of the

fifth week of radiotherapy and the patients were then randomly assigned (1:1 ratio) to receive either doxepin (5%) or placebo cream for 7 days.

Result(s): There were no significant differences in the dermatitis grade between doxepin and placebo groups at baseline (P >.5). The occurrence of acute dermatitis (grade 2 or higher) was significantly lower with the use of doxepin than with placebo (P <=.0001, Zalpha = 1.96 at 95% confidence interval). Conclusion(s): Doxepin cream prevents dermatitis grade 2 or higher during post-operative breast irradiation. Doxepin cream is easy to use, affordable and prevents pain and irritation.

Database: EMBASE

Cutaneous manifestations in chronic myeloid leukemia in chronic phase treated with imatinib.

Author(s): Khokar, Abbas; Malik, Uzma; Butt, Ghazala; Naumeri, Fatima

Source: International journal of dermatology; Sep 2019; vol. 58 (no. 9); p. 1098-1101

Publication Date: Sep 2019

Publication Type(s): Journal Article

PubMedID: 31241173

Available at International journal of dermatology - from Wiley Online Library

Abstract:

OBJECTIVE: The aim of this study was to see the patterns of skin changes in chronic myeloid leukemia (CML) in chronic phase treated with different doses of imatinib.

METHODS: This cross-sectional study was conducted in the Oncology Department of Jinnah Hospital, Lahore, over a period of 6 months. Patients aged 7-70 years diagnosed either by fluorescence in situ hybridization (FISH) for BCR-ABL or cytogenetics for Philadelphia (Ph) chromosomes and consuming different doses of imatinib for the treatment of CML were randomly selected. Skin manifestations were analyzed and recorded on a predesigned proforma by a dermatologist.

RESULTS: A total of 132 patients were enrolled; 65 male (49.24%) and 67 female (50.75%). Periorbital edema was found in 48.5% of cases, and hyperpigmentaion and melasma were found in 76.5% of cases. Pruritus was diagnosed in 6.8% of cases, alopecia in 5.3% of cases, and photosensitivity in 43.9% of cases.

CONCLUSIONS: It was concluded that imatinib is associated with many adverse cutaneous side effects which should be overcome or reduced by either decreasing the duration of treatment with imatinib or switching to other treatment options.

Combined immune therapy grade IV dermatitis in metastatic melanoma.

Author(s): Randhawa, Manreet; Archer, Christine; Gaughran, Gregory; Miller, Andrew; Morey, Adrienne; Dua, Divyanshu; Yip, Desmond

Source: Asia-Pacific journal of clinical oncology; Aug 2019; vol. 15 (no. 4); p. 262-265

Publication Date: Aug 2019

Publication Type(s): Case Reports

PubMedID: 30809956

Available at Asia-Pacific journal of clinical oncology - from Wiley Online Library

Abstract: Checkpoint inhibition is the mainstay of treatment in metastatic melanoma. More recently combined cytotoxic T-lymphocyte antigen-4 and programmed-death-1 blockade has resulted in improved response rates and overall survival in treatment naïve patients compared to monotherapy albeit with increased rates of adverse events. Dermatologic toxicities are an emerging consequence of the use of checkpoint inhibitors and have reportedly been

more prevalent with the use of combined therapy. However, grade 3 and 4 adverse event rates are still less than 5%. Here, we report a case of a 63-year-old Caucasian male with metastatic melanoma treated with first line combined ipilimumab and nivolumab who then developed a steroid refractory, biopsy confirmed pityriasis lichenoides-like, drug related rash that resolved with cyclosporine. Time of onset was 24 days and presenting symptoms demonstrated a maculopapular rash presenting over the back and chest with pruritus. Unfortunately, the patient subsequently had multi-organ failure with acute kidney injury requiring dialysis, hypotension requiring vasopressor support, hepatic dysfunction, and bilateral lung infiltrates resulting in a fatal outcome. This case report highlights the effective use of cyclosporine as an immunomodulatory agent in the management of severe dermatological toxicity due to combination immunotherapy.

Database: Medline

Eczema/Dermatitis (includes childhood eczema)

Long-term effect of methotrexate for childhood atopic dermatitis

Author(s): Purvis, Diana; Lee, Martin; Agnew, Karen; Birchall, Nick; Dalziel, Stuart R

Source: Journal of Paediatrics and Child Health; Dec 2019; vol. 55 (no. 12); p. 1487

Publication Date: Dec 2019

Publication Type(s): Journal Article

Available at Journal of Paediatrics and Child Health - from Wiley Online Library

Abstract:

Aim: To evaluate methotrexate (MTX) for paediatric atopic dermatitis (AD) while on and post-treatment.

Methods: Medical records of children prescribed MTX for AD between 2011 and 2016 at Starship Children's Hospital, Auckland, New Zealand, were reviewed for demographics, dose and duration of MTX and hospitalisations for AD. In the follow-up by telephone in 2017, parents of the patients reported response on MTX, AD relapses and use of additional systemic treatment and completed a patient-oriented eczema measure (POEM).

Results: Forty-three patients aged 2–16 years were included. Four (9%) had previous systemic treatment, and 14 (33%) were hospitalised (28 admissions). MTX was given at median dose of 0.33 mg/kg (interquartile range (IQR) 0.26–0.40) for a median of 17 months (IQR 7.5–20). After initiating MTX, only six (14%) were hospitalised (nine admissions). Thirty (70%) parents of patients were followed up for a median of 29 months (IQR 14–45) after discontinuing MTX. Five (17%) reported 'no change', 2 (7%) 'slightly better' and 23 (77%) 'a lot better' AD on MTX. Of the 25 who responded to MTX, AD relapsed in 10 (40%) at a median of 24 months post-MTX; only four (16%) restarted MTX. Median POEM at follow-up was 6 (IQR 1–17). Eleven (37%) were clear (POEM 0–2), 11 (37%) had mild to moderate AD (POEM 3–16), and 8 (27%) had severe AD (POEM ≥17).

Conclusions: Although a natural resolution cannot be excluded, MTX for severe AD was effective and well tolerated. Improvement was reported by 83%, and AD hospitalisation reduced by half. At a median of 2 years after discontinuing MTX, one third were clear, and one third had mild to moderate AD, suggesting persistence of benefit post-MTX.

Database: BNI

Atopic eczema: burden of disease and individual suffering - results from a large EU study in adults

Author(s): Ring J.; Zink A.; Schielein M.C.; Arents B.W.M.; de Carlo G.; Fink-Wagner A.; Seitz I.A.; Mensing U.; Wettemann N.

Source: Journal of the European Academy of Dermatology and Venereology; Jul 2019; vol. 33 (no. 7); p. 1331-1340

Publication Date: Jul 2019

Publication Type(s): Article

PubMedID: 31002197

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

Abstract:

Background: Atopic eczema (AE, atopic dermatitis) is one of the most common non-communicable inflammatory skin diseases affecting 1-5% of the adult population in Europe with marked impairment in quality of life. In spite of great progress in understanding the pathophysiology of disturbed skin barrier and immune deviation, AE still represents a problem in daily clinical practice. Furthermore, the true impact of AE on individual suffering is often not recognized. Objective(s): With a large European study, we wanted to provide insights into the actual suffering and individual burden of disease in adult patients with AE.

Method(s): A total of 1189 adult patients (18-87 years, 56% female) with moderate to severe AE were recruited in nine European countries by dermatologists or allergists together with the help of patient organizations. A computer-assisted telephone interview was performed by experienced interviewers between October 2017 and March 2018. The following instruments were used to assess severity or measure quality of life: Patient-Oriented Eczema Measure (POEM), Dermatology Life Quality Index (DLQI), Hospital Anxiety and Depression Scale (HADS-D) and a newly developed Atopic Eczema Score of Emotional Consequences (AESEC). Patients were also asked to self-assess the severity of their disease.

Result(s): Despite current treatment, 45% of participants still had actual moderate to very severe AE in POEM. Due to their skin disease, 57% missed at least 1 day of work in the preceding year. DLQI showed moderate to extremely large impairment in 55%. According to HADS-D, 10% scored on or above the threshold of eight points with signs of depressive symptoms. Assessed with AESEC, 57% were emotionally burdened with feelings such as 'trying to hide the eczema', 'feeling guilty about eczema', having 'problems with intimacy' and more. Of persons actually suffering from severe AE, 88% stated that their AE at least partly compromised their ability to face life.

Conclusion(s): This real-life study shows that adults with a moderate to severe form of AE are suffering more than what would be deemed acceptable. There is a need for increased awareness of this problem among healthcare professionals, policymakers and the general public to support research in the development of new and more effective treatments and provide access to better and affordable health care for affected patients.

Database: EMBASE

Treatment Effect of Omalizumab on Severe Pediatric Atopic Dermatitis: The ADAPT Randomized Clinical Trial

Author(s): Chan S.; Lack G.; Cornelius V.; Cro S.; Harper J.I.

Source: JAMA Pediatrics; Jan 2020; vol. 174 (no. 1); p. 29-37

Publication Date: Jan 2020

Publication Type(s): Article

PubMedID: 31764962

Available at JAMA pediatrics - from EBSCO (MEDLINE Complete)

Abstract:

Importance: Systemic treatments for severe childhood atopic dermatitis have limited evidence and/or are unlicensed. Despite the efficacy of anti-IgE medication (omalizumab) in the treatment of atopy, no large randomized studies in childhood atopic dermatitis have been published.

Objective(s): To determine the effectiveness of omalizumab in treating severe atopic dermatitis in children. Design, Setting, and Participant(s): The Atopic Dermatitis Anti-IgE Pediatric Trial (ADAPT) was a 24-week single-center, double-blind, placebo-controlled randomized clinical trial with a 24-week follow-up. Conducted from November 20, 2014, to August 31, 2017, at Guy's and St Thomas' Hospital NHS Foundation Trust and King's College London in the United Kingdom, this trial recruited participants after a screening visit. Eligible participants (n = 62) were aged 4 to 19 years and had severe eczema (with objective Scoring Atopic Dermatitis [SCORAD] index >40) that was

unresponsive to optimum therapy. Statistical analysis was conducted using the intention-to-treat principle. Intervention(s): Subcutaneous omalizumab or placebo for 24 weeks. The drug manufacturer's dosing tables were used to determine the dosage based on total IgE (30-1500 IU/mL) and body weight (in kilograms) at randomization. Main Outcomes and Measures: Objective SCORAD index after 24 weeks of treatment.

Result(s): In total, 62 children (mean [SD] age, 10.3 [4.2] years; 32 (52%) were male) were randomized to either omalizumab (n = 30) or placebo (n = 32). Five participants withdrew from treatment (4 [13%] from the placebo group, and 1 [3%] from the omalizumab group). Follow-up attendance was 97% at week 24 and 98% at week 48. After adjustment for baseline objective SCORAD index, age, and IgE level, the mean difference in objective SCORAD index improvement between groups at week 24 was -6.9 (95% CI, -12.2 to -1.5; P =.01), significantly favoring omalizumab therapy and reflecting the results in other assessments of atopic dermatitis severity. Improved quality-of-life scores were seen in the omalizumab group, as measured by the Children's Dermatology Life Quality Index/Dermatology Life Quality Index (-3.5; 95% CI, -6.4 to -0.5) and Pediatric Allergic Disease Quality of Life Questionnaire score (-0.5; 95% CI, -0.9 to -0.0). Improvements in disease severity occurred despite lower potent topical corticosteroid use in the omalizumab group compared with the placebo group (median [interquartile range (IQR)] percentage of body surface area covered, 16% [10%-46%] vs 31% [14%-55%]; median [IQR] number of days of use, 109 [34-164] days vs 161 [82-171] days).

Conclusions and Relevance: This randomized clinical trial found that omalizumab significantly reduced atopic dermatitis severity and improved quality of life in a pediatric population with atopy and severe eczema despite highly elevated total IgE levels at baseline. The result was associated with a potent topical corticosteroid sparing effect and may suggest that omalizumab is a treatment option for difficult-to-manage severe eczema in children with atopy. Trial Registration: ClinicalTrials.gov identifier: NCT02300701.

Database: EMBASE

Hand eczema treatment: Change behaviour with text messaging, a randomized trial

Author(s): Erdil D.; Koku Aksu A.E.; Falay Gur T.; Gurel M.S.

Source: Contact Dermatitis; Mar 2020; vol. 82 (no. 3); p. 153-160

Publication Date: Mar 2020

Publication Type(s): Article

PubMedID: 31794053

Available at Contact dermatitis - from Wiley Online Library

Abstract:

Background: Irritant contact dermatitis is the most common type of hand eczema. Effective treatment usually involves avoidance of irritants and use of appropriate topical medication. In this study, the effectiveness of using text messaging addressing preventive behaviours and appropriate medication adherence was evaluated.

Method(s): Patients who were admitted to Istanbul Training and Research Hospital Dermatology Department March 1, 2015 to July 31, 2015, and diagnosed with hand eczema were enrolled. Patients were randomly divided into the SMS group and the non-SMS group. Text messages were sent to the mobile phones of the patients in the SMS group. Severity of hand eczema, compliance to treatment, patients' information level, adherence to preventive behaviours, and the protective behaviour score were evaluated at baseline, and at the 4th and 8th week.

Result(s): Eighty-one patients with hand eczema were included in the study. After 8 weeks, the decrease in the Hand Eczema Severity Index score was 70.2% (SD 35.2) in the SMS group and 38.9% (SD 67.7) in the non-SMS group (P =.017). Sending SMS to patients increased the use of moisturizer. There was no statistically significant difference in other behaviours.

Conclusion(s): This study demonstrated that text messaging improves the treatment success and specifically the frequency of moisturizer use in patients with hand eczema.

Database: EMBASE

The European TREatment of ATopic eczema (TREAT) Registry Taskforce survey: prescribing practices in Europe for phototherapy and systemic therapy in adult patients with moderate-to-severe atopic eczema

Author(s): Vermeulen F.M.; Gerbens L.A.A.; Spuls P.I.; Schmitt J.; Deleuran M.; Vestergaard C.; Irvine A.D.; Logan K.; Ouwerkerk W.; Flohr C.

Source: British Journal of Dermatology; 2020

Publication Date: 2020

Publication Type(s): Article

PubMedID: 32068893

Available at British Journal of Dermatology - from Wiley Online Library

Available at British Journal of Dermatology - from Unpaywall

Abstract:

Background: For many years dermatologists have had access to few therapies for patients with moderate-to-severe atopic eczema (AE). New promising therapies are entering the market but conventional phototherapies and systemic therapies have more well-known safety profiles, lower costs and wider availability.

Objective(s): To provide insight into current prescribing practices of conventional phototherapy and systemic immunomodulatory therapies for adults with chronic AE, and the factors influencing these prescribing practices, before biologics and other novel therapeutics become routine clinical practice.

Method(s): In this exploratory study dermatologists were invited to participate in an online survey via a mailing list of the European Academy of Dermatology and Venereology and national societies. Data were collected on participant characteristics (including clinical practice data), the use of phototherapies and systemic therapies, and factors influencing their use. Result(s): From 30 European countries, 238 out of 361 dermatologists willing to participate (65.9%) completed the survey, with 229 meeting the inclusion criteria. For phototherapy (prescribed by 84.7%), most preferred narrowband ultraviolet B as first line (80.9%) and psoralen plus ultraviolet A as second (21.6%). For systemic therapy (prescribed by 95.2%) ciclosporin (54.1%), oral corticosteroids (32.6%) and methotrexate (30.7%) were used first line. Dermatologists relied mostly on personal experience for prescribing phototherapy and systemic therapy. Azathioprine and mycophenolic acid were prescribed by only 135 (59.0%) and 85 (37.1%) participants in total, mostly due to a lack of personal experience.

Conclusion(s): This study provides insight into prescribing practices for conventional phototherapy and systemic therapy in Europe and shows that off-label therapies are also preferred as first-line choice of systemic therapy. What is already known about this topic?. Varying prescribing practices were found for adult (in the UK) and paediatric (in Northern America and Europe) patients with moderate-to-severe atopic eczema (AE). Not much is known about the prescription of phototherapy and (off-label) systemic therapy for adult patients in Europe. Although therapies like dupilumab are promising new treatment modalities, better-known safety profiles, lower costs and better availability are reasons to improve the evidence profile of conventional systemic therapies like ciclosporin. What does this study add?. Prescribing practices of European dermatologists treating adult patients with moderate-to-severe AE show diversity. Most dermatologists prefer narrowband ultraviolet B as first-line phototherapy, followed by psoralen plus ultraviolet A as second line. Next to ciclosporin, which is most commonly prescribed, (off-label) methotrexate and oral corticosteroids are also frequently used as first-line systemic agents in chronic AE. Lack of personal experience with azathioprine and mycophenolic acid was the most important reason against their prescription. What are the clinical implications of the work?. The results from this study might help to improve the experience with, and prescribing of, all available conventional phototherapies and (off-label) systemic therapies. Guidelines developers might use these results to develop and implement treatment algorithms.

Database: EMBASE

Efficacy and safety of Qinzhuliangxue decoction for treating atopic eczema: a randomized controlled trial

Author(s): Ma T.; Li S.; Xu R.; Chen J.; Zhou M.; Xu W.; Chai Y.; Sun X.; Wang Y.; Li B.; Li X.

Source: Annals of palliative medicine; Apr 2020

Publication Date: Apr 2020

Publication Type(s): Article

PubMedID: 32389012

Available at Annals of palliative medicine - from Unpaywall

Abstract:

BACKGROUND: Atopic eczema is the most common type of skin disorder in both children and adults. It is characterized by erythema, pruritus, papules, xeransis, and lichenification. Qinzhuliangxue decoction (QZLXD), a Chinese herbal medicine (CHM) prepared with several ingredients that are used to treat eczema, was formulated according to the traditional Chinese medicine (TCM) theory. This study aimed to investigate the efficacy and safety of QZLXD administration for treating atopic eczema compared to those of Runzaozhiyang capsules (RZZYC). METHOD(S): A total of 176 patients were enrolled at the Shanghai Yueyang Hospital and were randomly assigned to the QZLXD treatment group (n=82) or the RZZYC control group (n=86). The differences in Eczema Area and Severity Index (EASI), Dermatology Life Quality Index, itching score, recurrence rate, and adverse events (AEs) were compared between the groups.

RESULT(S): The EASI score (x2=14.181, P=0.003), recurrence rate (x2=7.398, P=0.007), and itching score (F=-3.427, P=0.001) were lower in the QZLXD group than in the RZZYC group. Incidence of AEs was similar between the RZZYC and QZLXD groups (P=0.434).

CONCLUSION(S): QZLXD is recommended for the treatment of subacute atopic eczema because QZLXD showed good efficiency with low recurrence rate and tolerable AEs.

Database: EMBASE

Treatment of Atopic Dermatitis in Pediatric Patients: Nursing Implications

Author(s): Kimler, Katelin A; McDonald, Danielle; Shah, Pooja B

Source: Pediatric Nursing; 2019; vol. 45 (no. 5); p. 215

Publication Date: 2019

Publication Type(s): Journal Article

Available at Pediatric Nursing - from EBSCO (Biomedical Reference Collection - Comprehensive)

Available at Pediatric Nursing - from ProQuest (Health Research Premium) - NHS Version

Abstract: Atopic dermatitis is an inflammatory skin disorder affecting infants and children of all ages. There are topical and systemic treatment options with differing mechanisms of actions, strategies for use, and adverse reactions available for patients. A literature review was performed in MEDLINE (January 2014-April 2019) using the key word atopic dermatitis. Nonpharmacological management as a part of daily routine helps prevent dermatitis flares and assists in resolution of acute disease. Topical therapies include medications available over the counter, such as emollients, and agents for acute management, such as topical corticosteroids, calcineurin inhibitors, and phosphodiesterase inhibitors. For more severe or refractory cases, systemic agents, such as immunomodulators, have data for use in pediatric patients. Dupilumab, a monoclonal antibody, has become the first FDA-approved biologic for the treatment of moderate to severe atopic dermatitis. It is important for all pediatric nurses to remain up to date on the treatment options available for pediatric patients with atopic dermatitis, especially in light of the new information in recent years. This review will discuss the medications available for treatment and identify important counseling points and adverse effects that can be communicated with and monitored in patients.

Database: BNI

Hand Dermatitis in Nursing Students

Author(s): Özyazicioğlu, Nurcan, PhD, RN; Sürenler, Semra, MSc, RN; Aydin, Ayla İrem, MSc, RN; Atak, Meryem, MSc, RN

Source: Advances in Skin & Wound Care; Apr 2020; vol. 33 (no. 4); p. 213

Publication Date: Apr 2020

Publication Type(s): Journal Article

Abstract:

OBJECTIVE: To determine the frequency of self-reported hand dermatitis and the factors influencing its prevalence among nursing students.

METHODS: Researchers collected demographic data and used a self-assessment form to identify dermatologic symptoms. The questionnaires were distributed to the students and collected again after the students completed the forms.

RESULTS: Hand dermatitis was present in 20.9% of nursing students. The most common symptoms were irritation/pruritus, redness/cracking, flaking/rash, swelling, and vesicles in hands. The grade of the student, the presence of allergy complaints, and medication used to treat dermatitis were statistically significantly associated with dermatitis prevalence. The use of gloves and cleansing agents used in handwashing were factors linked to hand dermatitis.

CONCLUSIONS: Hand dermatitis increases in parallel with the increase of clinical practice hours among nursing students. Familial and environmental factors also increase the risk of hand dermatitis.

Database: BNI

Step-Wise Treatment of Atopic Dermatitis: Basics and Beyond

Author(s): Nicol, Noreen Heer

Source: Pediatric Nursing; 2020; vol. 46 (no. 2); p. 92

Publication Date: 2020

Publication Type(s): Journal Article

Available at Pediatric Nursing - from EBSCO (Biomedical Reference Collection - Comprehensive)

Available at Pediatric Nursing - from ProQuest (Health Research Premium) - NHS Version

Abstract: Atopic dermatitis (AD) is a global public health problem and one of the most common chronic, relapsing inflammatory skin diseases. Successful AD management strategies are implemented in a stepwise approach tailored to the individual patient and are severity-based. This review highlights bathing and daily use of moisturizers as the cornerstone of AD management. This foundational skin care is required for every patient with AD, regardless of additional therapy. Patients are often unclear about the specific instructions to complete this skin care. Every pediatric care provider plays an important role in ensuring good foundational skin care incorporating bathing and daily moisturizer use for all patients with AD.

Database: BNI

German S1 guidelines for the diagnosis and treatment of perianal dermatitis (anal eczema)

Author(s): Weyandt G.; Breitkopf C.; Werner R.N.; Zidane M.; Furtwangler A.; Jongen J.; Rothhaar A.; Schaefer D.; Lenhard B.

Source: JDDG - Journal of the German Society of Dermatology; 2020

Publication Date: 2020

Publication Type(s): Article

Available at JDDG: Journal der Deutschen Dermatologischen Gesellschaft - from Wiley Online Library

Abstract: Perianal dermatitis (anal eczema, perianal eczema) is one of the most common proctological conditions. It may occur as a sequela or a presenting symptom of various proctological, dermatological, allergic or pathogen-induced disorders. The three main types of anal eczema are irritant-toxic, atopic and allergic contact dermatitis. Adequate and successful treatment requires a comprehensive diagnostic workup to determine disease etiology and includes treatment/elimination of causative factors as well as nonpharmacological interventions (avoidance of aggravating factors). In addition, adjuvant topical anti-inflammatory and/or specific symptomatic treatment may be required. The present guidelines contain recommendations for the diagnostic and therapeutic management of perianal dermatitis. Target users of these guidelines are clinicians in the fields of dermatology and proctology, as well as all other specialties involved in the management of patients with perianal dermatitis, both in hospital and office-based settings.

Database: EMBASE

Dermatology ECHO: A case presentation demonstrating benefits of specialty telementoring in primary care.

Author(s): Ladd, Ryan; Becevic, Mirna; Misterovich, Hope; Edison, Karen

Source: Journal of telemedicine and telecare; Sep 2019; vol. 25 (no. 8); p. 506-509

Publication Date: Sep 2019

Publication Type(s): Case Reports Journal Article

PubMedID: 29933723

Abstract: Allergic contact dermatitis (ACD) is a common dermatologic disorder that is estimated to affect 15-20% of the general population. Because of its prevalence, it may be expected that ACD should be easily recognized. However, it can present with many clinical variations that may complicate diagnosis. Although ACD is a treatable condition, patients from rural and underserved areas suffer if timely access to specialty care is limited. Dermatology Extension for Community Healthcare Outcomes (Dermatology ECHO) telemedicine sessions were created to mentor rural primary care providers (PCPs). To illustrate their benefit, we present the case of a 19-year-old female patient who suffered from worsening undiagnosed ACD for over nine months following a laparoscopic appendectomy. During that time, the surgeon and multiple PCPs treated her with antibiotics, antivirals, and Scabicide without improvement in her condition. The de-identified patient case was presented by her PCP during the Dermatology ECHO session. The Dermatology ECHO specialty team mentored and educated the PCP in the diagnosis and treatment of ACD. After making the diagnosis, the patient received new treatment and her condition improved significantly. Dermatology ECHO provides a knowledge-sharing network for participating PCPs that may improve patient outcomes and reduce patient suffering.

Database: Medline

Consensus statements on pediatric atopic dermatitis from dermatology and pediatrics practitioners in Japan: Goals of treatment and topical therapy.

Author(s): Arakawa, Hirokazu; Shimojo, Naoki; Katoh, Norito; Hiraba, Kazumi; Kawada, Yasusuke; Yamanaka, Keiichi; Igawa, Ken; Murota, Hiroyuki; Okafuji, Ikuo; Fukuie, Tatsuki; Nakahara, Takeshi; Noguchi, Taro; Kanakubo, Akira; Katayama, Ichiro

Source: Allergology international : official journal of the Japanese Society of Allergology; Jan 2020; vol. 69 (no. 1); p. 84-90

Publication Date: Jan 2020

Publication Type(s): Journal Article Consensus Development Conference

PubMedID: 31558354

Available at Allergology international : official journal of the Japanese Society of Allergology - from Unpaywall

Abstract:

BACKGROUND: Pediatric atopic dermatitis (PAD) is a pluricausal disease and is frequently seen in dermatological and pediatric practice. Therefore, it is important to find common views in clinical practice and to promote consensus among practitioners. Aiming to obtain common views among dermatologists and pediatricians and to disseminate them widely in clinical practice, we held the PAD Consensus Forums described herein.

METHODS: Questionnaire surveys of treatment goals and drug therapy were conducted to prepare topics for discussion at the PAD Consensus Forums. Reaching consensus was defined as agreement among at least 70% of the participants.

RESULTS: As a result of discussion among 24 dermatologists and 25 pediatricians, consensus was obtained on 7 topics. These topics configure 3 consensus of treatment goals (Attainment targets were divided into the short/medium term and the long term. Attainment targets were associated with the primary evaluation domains of the Harmonising Outcome Measures for Eczema (HOME) roadmap, etc.) and 4 consensus of drug therapy (The number of applications of topical anti-inflammatory drugs in the acute phase and selection and ideal intervals between applications of topical anti-inflammatory drugs in proactive therapy, etc.).

CONCLUSIONS: The consensus is expected to help practitioners set appropriate treatment goals in clinical practice and facilitate the choice of drugs for treatment.

Database: Medline

Atopic eczema: burden of disease and individual suffering - results from a large EU study in adults.

Author(s): Ring, J; Zink, A; Arents, B W M; Seitz, I A; Mensing, U; Schielein, M C; Wettemann, N; de Carlo, G; Fink-Wagner, A

Source: Journal of the European Academy of Dermatology and Venereology : JEADV; Jul 2019; vol. 33 (no. 7); p. 1331-1340

Publication Date: Jul 2019

Publication Type(s): Journal Article

PubMedID: 31002197

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

Abstract:

BACKGROUND: Atopic eczema (AE, atopic dermatitis) is one of the most common non-communicable inflammatory skin diseases affecting 1-5% of the adult population in Europe with marked impairment in quality of life. In spite of great progress in understanding the pathophysiology of disturbed skin barrier and immune deviation, AE still represents a problem in daily clinical practice. Furthermore, the true impact of AE on individual suffering is often not recognized.

OBJECTIVES: With a large European study, we wanted to provide insights into the actual suffering and individual burden of disease in adult patients with AE.

METHODS: A total of 1189 adult patients (18-87 years, 56% female) with moderate to severe AE were recruited in nine European countries by dermatologists or allergists together with the help of patient organizations. A computer-assisted telephone interview was performed by experienced interviewers between October 2017 and March 2018. The following instruments were used to assess severity or measure quality of life: Patient-Oriented Eczema Measure (POEM), Dermatology Life Quality Index (DLQI), Hospital Anxiety and Depression Scale (HADS-D) and a newly developed Atopic Eczema Score of Emotional Consequences (AESEC). Patients were also asked to self-assess the severity of their disease.

RESULTS: Despite current treatment, 45% of participants still had actual moderate to very severe AE in POEM. Due to their skin disease, 57% missed at least 1 day of work in the preceding year. DLQI showed moderate to extremely large impairment in 55%. According to HADS-D, 10% scored on or above the threshold of eight points with signs of depressive symptoms. Assessed with AESEC, 57% were emotionally burdened with feelings such as 'trying to hide the eczema', 'feeling guilty about eczema', having 'problems with intimacy' and more. Of persons actually suffering from severe AE, 88% stated that their AE at least partly compromised their ability to face life.

CONCLUSIONS: This real-life study shows that adults with a moderate to severe form of AE are suffering more than what would be deemed acceptable. There is a need for increased awareness of this problem among healthcare professionals, policymakers and the general public to support research in the development of new and more effective treatments and provide access to better and affordable health care for affected patients.

Database: Medline

Exposure-based cognitive behavior therapy for atopic dermatitis: an open trial.

Author(s): Hedman-Lagerlöf, Erik; Bergman, Anna; Lindefors, Nils; Bradley, Maria

Source: Cognitive behaviour therapy; Jul 2019; vol. 48 (no. 4); p. 300-310

Publication Date: Jul 2019

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

PubMedID: 30192705

Available at Cognitive behaviour therapy - from Unpaywall

Abstract: Atopic dermatitis (AD) is a common and debilitating inflammatory dermatological disorder and is marked by itch and inflamed skin. Scratching, sleep loss, and avoidance of situations associated with more AD symptoms are central hypothesized mechanisms that perpetuate the disorder and cause reduced quality of life. We developed an exposure-based cognitive behavioral treatment (CBT) that entailed mindfulness practice as a means to increase tolerance for aversive experiences during exposure. The aim of the present study was to test the treatment's acceptability and preliminary efficacy in adults with AD. We used an uncontrolled pretest-posttest design and recruited participants (N = 9) from a university hospital dermatological clinic. The treatment comprised 10 weekly sessions over 10 weeks and assessments of AD symptoms as well as psychiatric symptoms and quality of life were conducted at baseline, posttreatment and 6-month follow-up. The results showed significant and large baseline to posttreatment improvements on self-reported measures of AD symptoms (p = .020) and general anxiety (p = .005), but there was no significant improvement in depression or quality of life. Treatment satisfaction was high and a majority of participants (67%) completed the treatment. We conclude that exposure-based CBT for adult AD can be feasible, acceptable, and potentially efficacious.

Database: Medline

Eczema herpeticum: A medical emergency in patients with atopic dermatitis.

Author(s): Vera-Kellet, Cristián; Hasbún, Catalina

Source: IDCases; 2020; vol. 19 ; p. e00663

Publication Date: 2020

Publication Type(s): Journal Article

PubMedID: 32226756

Available at IDCases - from Europe PubMed Central - Open Access

Available at IDCases - from Unpaywall

Abstract: We describe the case of a 13-year-old girl with atopic dermatitis (AD) and severe asthma that presented to the Dermatology clinic with a pruritic skin rash, which appeared concomitantly to common cold symptoms. On examination, there are erythematous, umbilicated papules and vesicles, some with erosions and crusting, surrounding the mouth and areolas; a few lesions are visible on the forearms. The mucous membranes were

unaffected, the patient was afebrile, and no lymphadenopathies were present. A diagnosis of eczema herpeticum (HE) was suspected, and a direct fluorescent antibody test was positive for herpes simplex virus. Even when the clinical presentation is characteristic, the eruption might be confused with other infections like impetigo and primary varicella infection. Misdiagnosis can lead to severe complications, including bacteremia and death. EH is considered a medical emergency, and the index of suspicion for this infection should be high among clinicians. Prompt treatment with oral acyclovir should be initiated; in cases of severe disease or immunocompromised patients, hospitalization for systemic antivirals is required. If EH is recognized early it is easily and effectively treated. Any patient with pre-existing skin disease and acute "blistering" should be examined to rule out EH.

Database: Medline

. A behaviour change package to prevent hand dermatitis in nurses working in health care: The SCIN cluster RCT

Author(s): Madan I.; Parsons V.; Ntani G.; Coggon D.; Wright A.; English J.; McCrone P.; Smedley J.; Rushton L.; Murphy C.; Cookson B.; Lavender T.; Williams H.

Source: Health Technology Assessment; 2019; vol. 23 (no. 58); p. 1-91

Publication Date: 2019

Publication Type(s): Article

PubMedID: 31635689

Available at Health technology assessment (Winchester, England) - from Unpaywall

Abstract:

Background: Although strategies have been developed to minimise the risk of occupational hand dermatitis in nurses, their clinical effectiveness and cost-effectiveness remain unclear.

Objective(s): The Skin Care Intervention in Nurses trial tested the hypothesis that a behaviour change package intervention, coupled with provision of hand moisturisers, could reduce the point prevalence of hand dermatitis when compared with standard care among nurses working in the NHS. The secondary aim was to assess the impact of the intervention on participants' beliefs and behaviour regarding hand care, and the cost-effectiveness of the intervention in comparison with normal care.

Design(s): Cluster randomised controlled trial. Setting(s): Thirty-five NHS hospital trusts/health boards/universities. Participant(s): First-year student nurses with a history of atopic tendency, and full-time intensive care unit nurses. Intervention(s): Sites were randomly allocated to be 'intervention plus' or 'intervention light'. Participants at 'intervention plus' sites received access to a bespoke online behaviour change package intervention, coupled with personal supplies of moisturising cream (student nurses) and optimal availability of moisturising cream (intensive care unit nurses). Nurses at 'intervention light' sites received usual care, including a dermatitis prevention leaflet. Main Outcome Measure(s): The difference between intervention plus and intervention light sites in the change of point prevalence of visible hand dermatitis was measured from images taken at baseline and at follow-up. Randomisation: Fourteen sites were randomised to the intervention plus arm, and 21 sites were randomised to the intervention light arm.

Blinding: The participants, trial statistician, methodologist and the dermatologists interpreting the hand photographs were blinded to intervention assignment. Numbers analysed: An intention-to-treat analysis was conducted on data from 845 student nurses and 1111 intensive care unit nurses.

Result(s): The intention-to-treat analysis showed no evidence that the risk of developing dermatitis was greater in the intervention light group than in the intervention plus group (student nurses: odds ratio 1.25, 95% confidence interval 0.59 to 2.69; intensive care unit nurses: odds ratio 1.41, 95% confidence interval 0.81 to 2.44). Both groups had high levels of baseline beliefs about the benefits of using hand moisturisers before, during and after work. The frequency of use of hand moisturisers before, during and after shifts was significantly higher in the intensive care unit nurses in the intervention plus arm at follow-up than in the comparator group nurses. For student nurses, the intervention plus group mean costs were 2 lower than those for the comparator and 0.00002 more quality-adjusted life-years were gained. For intensive care unit nurses, costs were 4 higher and 0.0016 fewer quality-adjusted life-years were gained. Harms: No adverse events were reported. Limitation(s): Only 44.5% of participants in the

intervention plus arm accessed the behaviour change package. Conclusion(s): The intervention did not result in a statistically significant decrease in the prevalence of hand dermatitis in the intervention plus group.Copyright © Queen's Printer and Controller of HMSO 2019. Health and Social Care. This issue may be freely re.

Database: EMBASE

Retrospective markers of paediatric atopic dermatitis persistence after hospital diagnosis: A nationwide cohort study

Author(s): Thyssen J.P.; Corn G.; Wohlfahrt J.; Melbye M.; Bager P.

Source: Clinical and Experimental Allergy; Nov 2019; vol. 49 (no. 11); p. 1455-1463

Publication Date: Nov 2019

Publication Type(s): Article

PubMedID: 31464039

Available at Clinical and experimental allergy : journal of the British Society for Allergy and Clinical Immunology - from Wiley Online Library

Abstract:

Background: Atopic dermatitis (AD) normally onsets in childhood and mostly resolves before adolescences. Disease persistence is known to be difficult to study properly, and current predictors are insufficient to identify more than a small fraction of patients at risk.

Objective(s): To study personal AD medicine history as a retrospective marker of persistent AD.

Method(s): The study population included all Danish first hospital contacts with a diagnosis of AD (ICD-10, L20) between 1995 and 2012. National register data following the diagnosis were used to define persistent AD activity until 2017 according to personal AD medicine history before diagnosis. Activity was defined as filled prescriptions for topical corticosteroids (TCS) or calcineurin inhibitors (TCI), dermatologist contacts or hospital re-contacts for AD. Risk ratios (RR) for persistent activity (defined as activity >4 of the most recent 5 years) were estimated according to AD medicine history (prescriptions filled prior to diagnosis) adjusted for age at onset, parental AD and basic covariates. Result(s): A total of 13 628 patients were diagnosed at ages 0-16 years and had up to 21 years of follow-up. 10 years after diagnosis, 67% showed activity (9.5% persistent). Among prior TCS users (69%), the RR10y of persistent activity increased 1- to 6-fold with increasing strength of strongest TCS/TCI ever, and with number of TCS courses. Prior use of antibiotics (RR10y 1.32, 95% CI 1.09-1.59) and antihistamines (RR10y 1.65, 95% CI 1.42-1.91) increased the RR10y in a dose-dependent manner. In >90% of patients, prior medication use occurred <4 years before diagnosis. Conclusions and clinical relevance: The strength and type of AD medication used in the previous 4 years may predict 10-year persistence of AD. Since children may be misjudged as having milder disease when seen between flares of skin lesions, this information may improve physicians' ability to determine the correct prognosis independently of current AD severity.Copyright © 2019 John Wiley & Sons Ltd

Database: EMBASE

Psoriasis

Interleukin-23 blockade: another breakthrough in the treatment of psoriasis

Author(s): Lebwohl, Mark

Source: The Lancet; Aug 2019; vol. 394 (no. 10198); p. 544

Publication Date: Aug 2019

Publication Type(s): Commentary

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

Abstract: Do we really need all of these expensive therapies for this disease? A close look at the data shows that we do not have any treatments that reliably achieve complete clearing as evidenced by psoriasis area and severity index (PASI) 100, and only the newest treatments achieve PASI 90 in high proportions of patients. [...]many treatments require frequent injections or are less effective in patients who have not had success with other therapies. Adverse events were similar between treatment groups and no safety concerns were noted, although we often do not see rare safety issues until a drug has been used in thousands of patients for years.1 Until now, tumour necrosis factor (TNF)-α blockers have been the most widely prescribed biologic therapies for psoriasis. By contrast, antibodies to interleukin-23 (IL-23) block only the IL-23–IL-17 axis, which directly contributes to the pathogenesis of psoriasis. Because such drugs are newer, we have much less clinical experience with drugs blocking IL-23.

Database: BNI

64. Risankizumab compared with adalimumab in patients with moderate-to-severe plaque psoriasis (IMMvent): a randomised, double-blind, active-comparator-controlled phase 3 trial

Author(s): Reich, Kristian; Gooderham, Melinda; Diamant Thaçi; Crowley, Jeffrey J; Ryan, Caitriona; Krueger, James G; Tsen-Fang Tsai; Flack, Mary; Gu, Yihua; Williams, David A; Thompson, Elizabeth H Z; Carle, Paul

Source: The Lancet; Aug 2019; vol. 394 (no. 10198); p. 576

Publication Date: Aug 2019

Publication Type(s): Journal Article

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

Abstract:

Summary Background: Psoriasis is an autoimmune disease that affects approximately 100 million people worldwide, and is a disease that can be ameliorated by anti-cytokine treatment. We aimed to compare the efficacy and safety of risankizumab with adalimumab in patients with moderate-to-severe plaque psoriasis.

Methods: IMMvent was a phase 3, randomised, double-blind, active-comparator-controlled trial completed at 66 clinics in 11 countries. Eligible patients were aged 18 years or older with moderate-to-severe chronic plaque psoriasis. Patients were randomly assigned 1:1 using interactive response technology to receive 150 mg risankizumab subcutaneously at weeks 0 and 4 or 80 mg adalimumab subcutaneously at randomisation, then 40 mg at weeks 1, 3, 5, and every other week thereafter during a 16-week double-blind treatment period (part A). For weeks 16–44 (part B), adalimumab intermediate responders were re-randomised 1:1 to continue 40 mg adalimumab or switch to 150 mg risankizumab. In part A, participants and investigators were masked to study treatment. Randomisation was stratified by weight and previous tumour necrosis factor inhibitor exposure. Co-primary endpoints in part A were a 90% improvement from baseline (PASI 90) and a static Physician's Global Assessment (sPGA) score of 0 or 1 at week 16, and for part B was PASI 90 at week 44 (non-responder imputation). Efficacy analyses were done in the intention-to-treat population and safety analyses were done in the safety population (all patients who received at least one dose of study drug or placebo). This study is registered with ClinicalTrials.gov, number NCT02694523.

Findings: Between March 31, 2016, and Aug 24, 2017, 605 patients were randomly assigned to receive either risankizumab (n=301, 50%) or adalimumab (n=304, 50%). 294 (98%) of patients in the risankizumab group and 291 (96%) in the adalimumab group completed part A, and 51 (96%) of 53 patients re-randomised to risankizumab and 51 (91%) of 56 patients re-randomised to continue adalimumab completed part B. At week 16, PASI 90 was achieved in 218 (72%) of 301 patients given risankizumab and 144 (47%) of 304 patients given adalimumab (adjusted absolute difference 24·9% [95% CI 17·5–32·4]; p<0·0001), and sPGA scores of 0 or 1 were achieved in 252 (84%) patients given risankizumab and 252 (60%) patients given adalimumab (adjusted absolute difference 23·3% [16·6–30·1]; p<0·0001). In part B, among adalimumab intermediate responders, PASI 90 was achieved by 35 (66%) of 53 patients switched to risankizumab and 12 (21%) of 56 patients continuing adalimumab (adjusted absolute difference 45·0% [28·9–61·1];

p<0·0001) at week 44. Adverse events were reported in 168 (56%) of 301 patients given risankizumab and 179 (57%) of 304 patients given adalimumab in part A, and among adalimumab intermediate responders, adverse events were reported in 40 (75%) of 53 patients who switched to risankizumab and 37 (66%) of 56 patients who continued adalimumab in part B. Interpretation Risankizumab showed significantly greater efficacy than adalimumab in providing skin clearance in patients with moderate-to-severe plaque psoriasis. No additional safety concerns were identified for patients who switched from adalimumab to risankizumab. Treatment with risankizumab provides flexibility in the long-term treatment of psoriasis. Funding AbbVie and Boehringer Ingelheim.

Database: BNI

Guselkumab versus secukinumab for the treatment of moderate-to-severe psoriasis (ECLIPSE): results from a phase 3, randomised controlled trial

Author(s): Reich, Kristian; Armstrong, April W; Langley, Richard G; Flavin, Susan; Randazzo, Bruce; Li, Shu; Ming-Chun Hsu; Branigan, Patrick; Blauvelt, Andrew

Source: The Lancet; Sep 2019; vol. 394 (no. 10201); p. 831

Publication Date: Sep 2019

Publication Type(s): Evidence Based Healthcare Journal Article

Available at The Lancet - from ProQuest (Health Research Premium) - NHS Version

Abstract:

Summary Background: Antibodies targeting interleukin (IL)-23 and IL-17A effectively treat moderate-to-severe psoriasis. ECLIPSE is the first comparator study of an IL-23p19 inhibitor, guselkumab, versus an IL-17A inhibitor, secukinumab. The primary objective of this study was to show superiority of clinical response at week 48 for guselkumab versus secukinumab.

Methods: In this phase 3, multicentre, double-blind, randomised, comparator-controlled trial at 142 outpatient clinical sites in nine countries (Australia, Canada, Czech Republic, France, Germany, Hungary, Poland, Spain, and the USA), eligible patients were aged 18 years or older, had moderate-to-severe plaque-type psoriasis, and were candidates for phototherapy or systemic therapy. Eligible patients were randomly assigned with permuted block randomisation using an interactive web response system to receive either guselkumab (100 mg at weeks 0 and 4 then every 8 weeks) or secukinumab (300 mg at weeks 0, 1, 2, 3, and 4, and then every 4 weeks). The primary endpoint, the proportion of patients in the intention-to-treat population who achieved 90% reduction or more from baseline of Psoriasis Area and Severity Index (PASI 90 response) at week 48, and major secondary endpoints (the proportions of patients in the guselkumab group and in the secukinumab group who achieved a PASI 75 response at both weeks 12 and 48, a PASI 90 response at week 12, a PASI 75 response at week 12, a PASI 100 response at week 48, an Investigator's Global Assessment [IGA] score of 0 [cleared] at week 48, and an IGA score of 0 or 1 [minimal] at week 48) were to be tested in a fixed sequence to control type I error rate. Safety was evaluated in patients who received one or more doses of study drug from week 0 to 56. The study is registered with ClinicalTrials.gov, NCT03090100.

Findings: This study was done between April 27, 2017, and Sept 20, 2018. 1048 eligible patients were enrolled and, of these, 534 were assigned to receive guselkumab and 514 to receive secukinumab. The proportion of patients with a PASI 90 response at week 48 was greater in the guselkumab group (451 [84%]) than in the secukinumab group (360 [70%]; p<0·0001). Although non-inferiority (margin of 10 percentage points) was established for the first major secondary endpoint (452 [85%] of patients in the guselkumab group vs 412 [80%] of patients in the secukinumab group achieving a PASI 75 response at both weeks 12 and 48), superiority was not established (p=0·0616). Consequently, formal statistical testing was not done for subsequent major secondary endpoints. Proportions of patients with adverse events, infections, and serious adverse events were similar between the two treatments and, in general, safety findings were consistent with registrational trial observations. Interpretation Guselkumab showed superior long-term efficacy based on PASI 90 at week 48 when compared with secukinumab for treating moderate-to-severe psoriasis. This finding could assist health-care providers in their decision making process when selecting a biologic for treating moderate-to-severe psoriasis. Funding This study was funded by Janssen Research & Development.

Database: BNI

Real-world effectiveness of methotrexate, ciclosporin, acitretin and fumaric acid esters for psoriasis: Does treatment history matter?

Author(s): Mason K.J.

Source: Pharmacoepidemiology and Drug Safety; Aug 2019; vol. 28 ; p. 503

Publication Date: Aug 2019

Publication Type(s): Conference Abstract

Available at Pharmacoepidemiology and drug safety - from Wiley Online Library

Available at Pharmacoepidemiology and drug safety - from Unpaywall

Abstract:

Background: Real-world effectiveness of the systemic therapies methotrexate (MTX), ciclosporin (CsA), acitretin (ACI) and fumaric acid esters (FAE) prescribed to patients with moderate-severe psoriasis is poorly characterized. Objective(s): To determine whether systemic treatment history predicts the effectiveness of ACI, CsA, FAE and MTX. Method(s): The British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR) is a pharmacovigilance register investigating the long-term safety of systemic therapies prescribed to psoriasis patients. Established in 2007, over 15,500 patients have been recruited from 160 dermatology centres across the UK and Ireland. Patients registering on MTX, CsA, ACI or FAE with at least 6 months follow- up were analyzed. Exposure time for the registration therapy was calculated from initiation to censor at: discontinuation date; latest follow- up; or death. Effectiveness was defined as achieving Psoriasis Area and Severity Index (PASI) <=3 using the first longitudinal PASI reported after initiating therapy. Treatment history was classified into incident (first systemic), prevalent (prescribed registration therapy previously), or previous systemic use (prescribed another systemic therapy previously). Multivariable logistic regression estimated the odds ratio (OR) of achieving PASI<=3witha priori baseline covariates included. Missing data were accounted for using a multiple imputation model of 20 datasets. Result(s): In total, of 4113 patients analyzed, 1991 (48%) were prescribed MTX, 1022 (25%) CsA, 765 (19%) ACI and 335 (8%) FAE. The proportions of incident, prevalent and previous systemic users, respectively, were similar for MTX (41%; 18%; 41%), CsA (38%; 16%; 46%) and ACI (42%; 16%; 42%), but differed for FAE (19%; 15% 66%). The proportion of patients achieving PASI<=3 were 31% MTX, 36% CsA, 22% ACI and 26% FAE. Prevalent users of ACI (OR 0.67, 95% confidence interval [CI] 0.45-0.99) and CsA (0.64, 0.47- 0.87) were less likely to achieve PASI<=3 compared with incident users. Prevalent users of MTX (0.81, 0.64-1.02) and FAE (0.66, 0.33-1.31), and previous systemic users did not differ significantly to incident users in achieving PASI<=3.

Conclusion(s): The effectiveness of MTX and FAE does not appear to differ by treatment history categories and could be prescribed as first or subsequent lines of therapy. Prevalent users of CsA and ACI registering on those therapies were less likely to achieve PASI<=3 compared to incident users. The findings for CsA may reflect the intermittent short-term use in clinical practice.

Database: EMBASE

126 Ixekizumab for psoriasis: characteristics of patients recruited to the British Association of Dermatologists Biologics and Immunomodulator Register in the first year post launch

Author(s): Mount J.; Hampton P.; Laws P.; McKenzie R.; Gulati K.; Meeks A.; Hoyt M.

Source: Journal of Investigative Dermatology; Sep 2019; vol. 139 (no. 9)

Publication Date: Sep 2019

Publication Type(s): Conference Abstract

Available at Journal of Investigative Dermatology - from Unpaywall

Abstract: The British Association of Dermatologists Biologics and Immunomodulator Register (BADBIR) is prospectively recording real world outcomes for patients receiving the anti-IL-17a monoclonal antibody, ixekizumab

(Taltz). The objective of this analysis is to describe the characteristics of patients initiating treatment with ixekizumab in the UK and the Republic of Ireland in the early post-launch period. The study design is a cross-sectional analysis of baseline data from patients recruited to the BADBIR ixekizumab cohort between November 2017 and September 2018. Of 143 patients available for analysis, 48% were female, mean age at ixekizumab initiation was 48 years (sd 12, range 19-80) and mean duration of psoriasis at initiation was 27 years (sd 13). Of those with an outcome recorded in the 90 days prior to ixekizumab initiation, mean PASI score was 13 (sd 8) and mean DLQI was 16 (sd 9). Thirty-two percent had also been diagnosed with psoriatic arthritis and 88% had been previously treated with a biologic. The most common co-morbidities were depression, hypertension and diabetes and the mean number of co-morbidities per patient was 3.5. Ixekizumab was co-prescribed with a conventional therapy in 31% of patients and methotrexate was the most commonly co-prescribed conventional treatment. Previous publications from the BADBIR group have shown that real world populations receiving biologic drugs may differ from those recruited to clinical trials and may have different response rates and side effect profiles. It is therefore important to monitor patient characteristics, side effect profiles and disease response over time to fully understand the impact of ixekizumab in the real world clinical environment.

Database: EMBASE

55. Greater communication between U.K. patients with psoriasis and their dermatologists may improve treatment satisfaction: Results from an international patient survey

Author(s): Zaheri S.; Chen K.S.; McKenzie R.; Gulati K.; Saure D.; Murphy K.; Bewley A.

Source: British Journal of Dermatology; Jul 2019; vol. 181 ; p. 27-28

Publication Date: Jul 2019

Publication Type(s): Conference Abstract

Available at British Journal of Dermatology - from Wiley Online Library

Available at British Journal of Dermatology - from Unpaywall

Abstract: Previous surveys of patients with psoriasis have provided valuable insight into patient perspectives of this disease. However, these surveys have not investigated the communication between patients and their physicians in a U.K.-only cohort. The aim of this patient survey was to evaluate the patient perspective on patient-physician interactions, treatment goals and expectations, and the overall benefit of treatment in patients residing in the U.K. The international 'Closer Together' survey included adults with moderate-to-severe psoriasis from 26 countries. This analysis included the U.K. dataset obtained using structured, web-based interviews with patients who were receiving topical, psoralen and ultraviolet A, nonbiological and biological treatment. Descriptive, univariate and multivariate regression analyses were conducted to assess the influence of various factors on the quantity and quality of the survey results. Of the 2361 participants in the international survey, 277 (11.7%) were from the U.K., with a mean age of 42.5 +/- 13.4 years, and of these 102 (36.8%) were men. Patients in the U.K. cohort stated that the most common treatment expectations before initiating treatment were reduced itchiness (U.K., 71.8%; overall population, 69%), reduced flaking (U.K., 71.1%; overall, 62%) and clearer skin (U.K., 69.3%; overall, 61%). Despite the availability of several therapies that can meet these treatment expectations, U.K. patients are only moderately satisfied with their treatment. The U.K. dataset revealed that communication between patients and physicians could be improved. After the first diagnosis of psoriasis, U.K. patients gave a mean rating of 5.7 on a scale of 0- 10 (0, no information; 10, all the information desired) for the information that they received from their physicians. Eighty-five (31%) U.K. patients did not discuss any bothersome symptoms of the disease such as 'impact upon how I feel/my mental wellbeing/psychological wellbeing' with their physicians. In addition, a higher proportion of U.K. patients (n = 153, 55.2%) did not set up a treatment goal with their physicians compared with the overall survey population (n = 874, 37%). Setting up treatment goals with patients is likely to improve treatment satisfaction. Of the 124 patients who did establish treatment goals in conjunction with their dermatologists, 88 (71.0%) reported treatment satisfaction. Effective communication between U.K. patients and physicians, as well as treatment goal setting, may help in improving overall treatment satisfaction.

Database: EMBASE

Psoriasis treat to target: defining outcomes in psoriasis using data from a real-world, population-based cohort study (the British Association of Dermatologists Biologics and Immunomodulators Register, BADBIR)

Author(s): Mahil S.K.; Barker J.N.; Smith C.H.; Wilson N.; Dand N.; Reynolds N.J.; Griffiths C.E.M.; Evans I.; Warren R.B.; Emsley R.; Marsden A.; Stocken D.; Burden A.D.

Source: British Journal of Dermatology; 2019

Publication Date: 2019

Publication Type(s): Article

PubMedID: 31286471

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

Available at The British journal of dermatology - from Unpaywall

Abstract:

Background: The 'treat to target' paradigm improves outcomes and reduces costs in chronic disease management but is not yet established in psoriasis.

Objective(s): To identify treatment targets in psoriasis using two common measures of disease activity: Psoriasis Area and Severity Index (PASI) and Physician's Global Assessment (PGA).

Method(s): Data from a multicentre longitudinal U.K. cohort of patients with psoriasis receiving systemic or biologic therapies (British Association of Dermatologists Biologics and Immunomodulators Register, BADBIR) were used to identify absolute PASI thresholds for 90% (PASI 90) and 75% (PASI 75) improvements in baseline disease activity, using receiver operating characteristic curves. The relationship between PGA (clear, almost clear, mild, moderate, moderate-severe, severe) and PASI (range 0-72) was described, and the concordance between absolute and relative definitions of response was determined. The same approach was used to establish treatment response and eligibility definitions based on PGA. Result(s): Data from 13 422 patients were available (58% male, 91% white ethnicity, mean age 44.9 years), including over 23 000 longitudinal PASI and PGA scores. An absolute PASI <= 2 was concordant with PASI 90 and an absolute PASI <= 4 was concordant with PASI 75 in 90% and 88% of cases, respectively. These findings were robust to subgroups of timing of assessment, baseline disease severity and treatment modality. PASI and PGA were strongly correlated (Spearman's rank correlation coefficient 0.92). The median PASI increased from 0 (interquartile range 0-0, range 0-23) to 19 (interquartile range 15-25, range 0-64) for PGA clear to severe, respectively. PGA clear/almost clear was concordant with PASI <= 2 in 90% of cases, and PGA moderate-severe severe was concordant with the National Institute for Health and Care Excellence PASI eligibility criteria for biologics in 81% of cases.

Conclusion(s): An absolute PASI <= 2 and PGA clear/almost clear represent relevant disease end points to inform treat-to-target management strategies in psoriasis. What's already known about this topic?. The most commonly used relative disease activity measure in psoriasis is >= 90% improvement in Psoriasis Area and Severity Index (PASI 90); however, it has several limitations including dependency on a baseline severity assessment. Defining an absolute target disease activity end point in psoriasis has the potential to improve patient outcomes and reduce costs, as demonstrated by treat-to-target approaches in other chronic diseases such as hypertension and diabetes. The Physician's Global Assessment (PGA) is a popular alternative measure of psoriasis severity in daily practice; however, its utility has not been formally assessed with respect to PASI. What does this study add?. An absolute PASI <= 2 corresponds with PASI 90 response and is a relevant disease end point for treat-to-target approaches in psoriasis. There is a strong correlation between PASI and PGA. PGA moderate-severe/severe may serve as an alternative eligibility criterion for biologics to PASI-based definitions, and PGA clear/almost clear is an appropriate alternative absolute treatment end point. What are the clinical implications of this work?. Absolute PASI <= 2 and PGA clear/almost clear represent relevant disease end points to inform treat-to-target management strategies in psoriasis.

Database: EMBASE

Urinary orosomucoid: A new marker of cardiovascular risk in psoriatic patients?

Author(s): Nemeth B.; Peter I.; Boncz I.; Jagicza A.; Ajtay Z.; Kiss I.; Csergo A.; Koszegi T.; Kustan P.; Horvath I.G.

Source: Therapeutics and Clinical Risk Management; 2019; vol. 15 ; p. 831-837

Publication Date: 2019

Publication Type(s): Article

Available at Therapeutics and clinical risk management - from Europe PubMed Central - Open Access

Available at Therapeutics and clinical risk management - from Unpaywall

Abstract:

Purpose: Psoriasis is one of the most common lifelong lasting dermatologic diseases. According to the latest studies, psoriatic patients have a higher risk of developing cardiovascular diseases. Psoriasis is considered as a systemic inflammatory disease. Several oxidative stress markers have been shown to be elevated in psoriasis. However, a panel of biomarkers has not been used yet. This study was aimed at exploring the connection between a panel of biomarkers (C-reactive protein, asymmetric dimethylarginine, uric acid, total antioxidant capacity, malondialdehyde, and orosomucoid [ORM]) and cardiovascular risk in psoriatic patients.

Patients and Methods: The inclusion criterion was the onset of psoriasis with skin lesions. Exclusion criteria were impaired renal function (eGFR<60 mL/min/1.73 m2), acute inflammations (urinary, respiratory, skin inflammation, etc), autoimmune disorders (rheumatoid arthritis, systemic lupus erythematosus, or inflammatory bowel disease), and any kind of biological antipsoriatic treatment. Patients with a medical history of myocardial infarction, coronary heart disease, stroke, transient ischemic attack, and carotid artery stenosis were also excluded. Biomarkers were measured by routine procedures, ELISA and HPLC. QRISK2-2017 was used to assess 10-year risk of cardiovascular disease development. Psoriasis severity was measured by the Psoriasis Area and Severity Index.

Result(s): One hundred and fourteen psoriatic patients were enrolled. Only urinary orosomucoid and urinary orosomucoid/urinary creatinine (u-ORM/u-CREAT) ratio showed significant correlation with QRISK score (u-ORM, r=0.245; u-ORM/u-CREAT, r=0.309). When comparing mild psoriatic patients to moderate psoriatic patients, significant differences could only be found in u-ORM and u-ORM/u-CREAT ratio.

Conclusion(s): There seems to be a connection between urinary ORM and cardiovascular risk. U-ORM and u-ORM/u-CREAT ratio could be used as an indicator of low-grade inflammation in mild and moderate psoriasis. However, it is the 10-year follow-up of cardiovascular events that will determine the usefulness of this biomarker panel.

Database: EMBASE

Hydrochlorothiazide-induced photosensitivity in a psoriasis patient following exposure to narrow-band ultraviolet B excimer therapy

Author(s): Rosenthal A.; Herrmann J.

Source: Photodermatology Photoimmunology and Photomedicine; Sep 2019; vol. 35 (no. 5); p. 369-371

Publication Date: Sep 2019

Publication Type(s): Article

PubMedID: 31006143

Available at Photodermatology, photoimmunology & photomedicine - from Wiley Online Library

Abstract: Drug-induced photosensitivity develops when the use of oral or topical photosensitizing medications creates a rash after exposure to ultraviolet (UV) radiation. Medications most commonly implicated in photosensitive drug reactions include amiodarone, nonsteroidal anti-inflammatories, thiazides, tetracycline antibiotics, chlorpromazine, and fluoroquinolones. It is generally believed that drug-induced photosensitivity is an UVA phenomenon, caused by UV wavelengths between 315 and 400 nm. Here, we present a case of hydrochlorothiazide (HCTZ)-induced photosensitivity following exposure to 308-nm narrow-band (nb) UVB light emitted from an excimer laser in a patient undergoing treatment for plaque psoriasis. This patient had received biweekly treatments with the excimer laser for years prior without any history of adverse reactions. We believe that our patient suffered an acute

photosensitivity to UVB due to new-onset HCTZ. Because nb UVB-emitting lasers are used to treat many dermatologic conditions, physicians should be aware of potential photosensitivity reactions, review medication lists and counsel patients accordingly.

Database: EMBASE

Infliximab is associated with an increased risk of serious infection in patients with psoriasis in the U.K. and Republic of Ireland: results from the British Association of Dermatologists Biologic Interventions Register (BADBIR)

Author(s): Yiu Z.Z.N.; Evans I.; McElhone K.; Griffiths C.E.M.; Warren R.B.; Ashcroft D.M.; Lunt M.; Smith C.H.; Walton S.; Murphy R.; Reynolds N.J.; Ormerod A.D.

Source: British Journal of Dermatology; 2019; vol. 180 (no. 2); p. 329-337

Publication Date: 2019

Publication Type(s): Article

PubMedID: 30070708

Abstract:

Background: Patients with psoriasis and clinicians are concerned that infliximab may be associated with a risk of serious infections.

Objective(s): To compare the risk of serious infections associated with infliximab in patients with chronic plaque psoriasis against a cohort on nonbiologic systemic therapies.

Method(s): A prospective cohort study was performed using data from the British Association of Dermatologists Biologic Interventions Register (BADBIR). Infliximab was compared with nonbiologic systemic therapies, inclusive of any exposure to methotrexate, ciclosporin, acitretin, fumaric acid esters, psoralen-ultraviolet A or hydroxycarbamide. Serious infections were those associated with hospitalization, the use of intravenous antimicrobial therapy and/or those that led to death. Propensity score inverse probability treatment weights were used to adjust for potential confounding from a priori identified covariates. Cox proportional hazards models were calculated to obtain hazard ratios (HRs).

Result(s): In total, 3843 participants were included for analysis up to October 2016. The incidence rates were significantly higher in the infliximab cohort (47.8 per 1000 person-years) [95% confidence interval (CI) 35.7-64.0], compared with 14.2 per 1000 person-years (95% CI 11.5-17.4) in the nonbiologic systemic cohort. Infliximab was associated with an overall increase in the risk of serious infection compared with nonbiologics [adjusted HR (adjHR) 1.95, 95% CI 1.01-3.75] and methotrexate only (adjHR 2.96, 95% CI 1.58-5.57) and a higher risk of serious infection in the first 6 months of therapy (adjHR 3.49, 95% CI 1.14-10.70).

Conclusion(s): Infliximab is associated with an increased risk of serious infections compared with nonbiologic systemic therapies in patients with psoriasis in the U.K. and the Republic of Ireland.

Database: EMBASE

Secukinumab for patients failing previous tumour necrosis factor-alpha inhibitor therapy: results of a randomized open-label study (SIGNATURE)

Author(s): Warren R.B.; Burden A.D.; Griffiths C.E.M.; Barker J.N.W.B.; Finlay A.Y.; Kirby B.; Armendariz Y.; Williams R.; Hatchard C.; Khare S.

Source: British Journal of Dermatology; 2019

Publication Date: 2019

Publication Type(s): Article

PubMedID: 31628677

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

Abstract:

Background: Efficacy data on therapies for patients with psoriasis who have failed tumour necrosis factor (TNF)-alpha inhibitor therapy is limited.

Objective(s): To determine the effectiveness and tolerability of secukinumab, an interleukin (IL)-17A inhibitor, in patients with moderate/severe chronic plaque psoriasis with documented efficacy failure of TNF-alpha inhibitor therapy (SIGNATURE study).

Method(s): This was a randomized, open-label, noncomparator study in 53 dermatology centres in the U.K. and Republic of Ireland. Patients were randomized 1 : 1 to receive secukinumab 300 mg or 150 mg subcutaneously every week for 4 weeks, then 4-weekly thereafter. Patients were stratified by their prior efficacy failure with TNF-alpha inhibitors. Only patients who started and stayed on the same dose at each time point were included for efficacy assessments. Result(s): In total, 233 patients were analysed. The primary end point was met, with a statistically significant improvement in response rates [75% reduction in Psoriasis Area and Severity Index (PASI 75)] from baseline to week 16 in both secukinumab 300 mg and 150 mg dose groups [77 of 118 patients (65.3%) and 51 of 115 patients (44.3%), respectively; P < 0.0001]. After 72 weeks, in patients starting and remaining on 300 mg, 77% (54 of 70) achieved PASI 75. Improvements in Dermatology Life Quality Index from baseline to week 16 occurred and were maintained up to 72 weeks. The safety profile was generally consistent with previous secukinumab studies, although a higher incidence of some adverse events (e.g. candida infections) was observed.

Conclusion(s): This study provides evidence of efficacy and safety of secukinumab for treatment of patients with psoriasis who failed prior TNF-alpha inhibitor therapy. This study represents a 'real-world' population, providing reassurance that secukinumab is a treatment option in this difficult-to-treat population. What's already known about this topic?. Conventional systemic nonbiological and tumour necrosis factor (TNF)-alpha inhibitor therapies for plaque psoriasis have not fully met patients' needs. There is a lack of data to support the treatment pathways for patients with psoriasis who have inadequate responses to TNF-alpha inhibitor therapy. Secukinumab, a recombinant high-affinity fully human monoclonal anti-human interleukin-17A antibody of the IgG1/kappa-class, has shown excellent safety and efficacy in the treatment of moderate-to-severe psoriasis. What does this study add?. This is the first study evaluating treatment with biologics after prior efficacy failure of TNF-alpha inhibitor therapy as defined by the U.K. National Institute for Health and Care Excellence criteria. Secukinumab is an effective treatment in this difficult-to-treat patient population. This study provides important practical information for clinicians managing psoriasis. Adverse events were consistent with the phase III programme for secukinumab, although some adverse events, e.g. candida, were increased.

Database: EMBASE

The real world impact of adalimumab on quality of life and the physical and psychological effects of moderate-to-severe psoriasis: a UK prospective, multicenter, observational study

Author(s): Leman J.; Walton S.; Layton A.M.; Ward K.A.; McBride S.; Cliff S.; Downs A.; Landeira M.; Bewley A.

Source: Journal of Dermatological Treatment; Apr 2020; vol. 31 (no. 3); p. 213-221

Publication Date: Apr 2020

Publication Type(s): Article

PubMedID: 30897016

Abstract: Psoriasis can adversely affect quality of life (QoL) and emotional well-being. In this UK prospective observational study we evaluated the 'real-world' impact of adalimumab on QoL and the physical/psychological

effects of moderate-to-severe psoriasis. Hundred and forty-three biologic-naive patients with moderate-to-severe psoriasis, receiving adalimumab in clinical practice, were included. Patients completed a series of questionnaires at baseline (adalimumab initiation), 4 and 16-weeks and 6-months post-adalimumab initiation during routine visits. The main outcome measure was the proportion of Dermatology Life Quality Index (DLQI) 'responders' at 16 weeks, defined as >=5 point reduction from baseline or DLQI = 0.90% (95% CI = 80.8%-94.6%) of evaluable patients were DLQI responders at 16-weeks. There were significant improvements at 16 weeks in patient-reported measures of QoL, mental and physical well-being, cutaneous body image, anxiety, depression and psoriasis severity, which were maintained at 6-months. Adalimumab treatment was associated with improvements in patients' QoL and psychological functioning, which occurred contemporaneously with improvements in cutaneous disease.

Database: EMBASE

Risk of major cardiovascular events in patients with psoriasis receiving biologic therapies: a prospective cohort study

Author(s): Rungapiromnan W.; Ashcroft D.M.; Mason K.J.; Lunt M.; McElhone K.; Warren R.B.; Griffiths C.E.M.; Burden A.D.; Rutter M.K.; Barker J.; Benham M.; Browne F.; Evans I.; Hussain S.; Kirby B.; Lawson L.; McPherson T.; Murphy R.; Owen C.; Ormerod A.; Pearson E.; Reynolds N.; Richards J.; Smith C.

Source: Journal of the European Academy of Dermatology and Venereology; Apr 2020; vol. 34 (no. 4); p. 769-778

Publication Date: Apr 2020

Publication Type(s): Article

PubMedID: 31633837

Abstract:

Background: The cardiovascular safety profile of biologic therapies used for psoriasis is unclear.

Objective(s): To compare the risk of major cardiovascular events (CVEs; acute coronary syndrome, unstable angina, myocardial infarction and stroke) in patients with chronic plaque psoriasis treated with adalimumab, etanercept or ustekinumab in a large prospective cohort.

Method(s): Prospective cohort study examining the comparative risk of major CVEs was conducted using the British Association of Dermatologists Biologics and Immunomodulators Register. The main analysis compared adults with chronic plaque psoriasis receiving ustekinumab with tumour necrosis-alpha inhibitors (TNFi: etanercept and adalimumab), whilst the secondary analyses compared ustekinumab, etanercept or methotrexate against adalimumab. Hazard ratios (HRs) with 95% confidence intervals (CIs) were calculated using overlap weights by propensity score to balance baseline covariates among comparison groups.

Result(s): We included 5468 biologic-naive patients subsequently exposed (951 ustekinumab; 1313 etanercept; and 3204 adalimumab) in the main analysis. The secondary analyses also included 2189 patients receiving methotrexate. The median (p25-p75) follow-up times for patients using ustekinumab, TNFi, adalimumab, etanercept and methotrexate were as follows: 2.01 (1.16-3.21), 1.93 (1.05-3.34), 1.94 (1.09-3.32), 1.92 (0.93-3.45) and 1.43 (0.84-2.53) years, respectively. Ustekinumab, TNFi, adalimumab, etanercept and methotrexate groups had 7, 29, 23, 6 and 9 patients experiencing major CVEs, respectively. No differences in the risk of major CVEs were observed between biologic therapies [adjusted HR for ustekinumab vs. TNFi: 0.96 (95% CI 0.41-2.22); ustekinumab vs. adalimumab: 0.81 (0.30-2.17); etanercept vs. adalimumab: 0.81 (0.28-2.30)] and methotrexate against adalimumab [1.05 (0.34-3.28)].
Conclusion(s): In this large prospective cohort study, we found no significant differences in the risk of major CVEs between three different biologic therapies and methotrexate. Additional studies, with longer term follow-up, are needed to investigate the potential effects of biologic therapies on incidence of major CVEs.

Database: EMBASE

Long-term efficacy and safety of apremilast in psoriatic arthritis: Focus on skin manifestations and special populations

Author(s): Balato A.; Campione E.; Bianchi L.; Cirillo T.; Fabbrocini G.; Malara G.; Trifiro C.

Source: Dermatologic Therapy; 2020

Publication Date: 2020

Publication Type(s): Article

PubMedID: 32306448

Available at Dermatologic therapy - from Wiley Online Library

Abstract: Few real-life studies evaluated long-term apremilast therapy in the variable spectrum of clinical-anamnestic features which can be found in psoriatic arthritis (PsA) patients. This real-life retrospective observational study aimed to assess long-term efficacy, safety, and tolerability of apremilast among patients with PsA and concomitant cutaneous psoriasis. A stratified analysis was performed on special populations, defined as (a) number (<=1 vs >2) of comorbidities, presence or absence of: (b) history of malignancy, and (c) previous exposure to biologics. Patients attending three Italian University and Hospital centers, who received at least one dose of apremilast and had at least one follow-up visit were included. Ninety-six patients with PsA were identified. Psoriasis Area and Severity Index (PASI), Body Surface Area, 28-joint Disease Activity Score, and Dermatology Life Quality Index scores improved during treatment, already at week 4, relative to baseline. More than 2 comorbidities, history of malignancy and previous biologic treatment negatively influenced PASI responses. At least one adverse event was experienced by 56/96 patients, and 11/56 events required drug withdrawal. In conclusion, this study confirm efficacy and safety of apremilast on joints and skin involvement of PsA, highlighting which patients could have less favorable treatment response.Copyright © 2020 Wiley Periodicals LLC

Database: EMBASE

The landscape of psoriasis provision in the UK

Author(s): Smith S.P.; Mohd Mustapa M.F.; de Berker D.

Source: Clinical and experimental dermatology; May 2020

Publication Date: May 2020

Publication Type(s): Article

PubMedID: 32407594

Available at Clinical and experimental dermatology - from Wiley Online Library

Abstract: Psoriasis remains one of the commonest conditions seen in dermatological practice, and its treatment is one of the greatest cost burdens for the UK NHS. Treatment of psoriasis is complex with numerous overlapping lines and modalities of therapy employed in combination. This complexity reflects the underlying pathophysiology of the disease as well as the heterogenous population which it affects. NICE guidance for the treatment of psoriasis has been available since 2013 and has been the subject of 3 national audits conducted by the British Association of Dermatologists (BAD). This report synthesises the results of the most recent of those exercises and places it in the context of NICE guidance and previous audits. It clearly shows the significant burden of disease, issues with provision of services and long waiting times as well as the marked shift in therapeutic modalities towards targeted biologic therapies.Copyright This article is protected by copyright. All rights reserved.

Database: EMBASE

The real world impact of adalimumab on quality of life and the physical and psychological effects of moderate-to-severe psoriasis: a UK prospective, multicenter, observational study.

Author(s): Leman, Joyce; Walton, Shernaz; Layton, Alison M; Ward, Kathleen A; McBride, Sandy; Cliff, Sandeep; Downs, Anthony; Landeira, Margarita; Bewley, Anthony

Source: The Journal of dermatological treatment; May 2020; vol. 31 (no. 3); p. 213-221

Publication Date: May 2020

Publication Type(s): Multicenter Study Journal Article Observational Study

PubMedID: 30897016

Abstract: Psoriasis can adversely affect quality of life (QoL) and emotional well-being. In this UK prospective observational study we evaluated the 'real-world' impact of adalimumab on QoL and the physical/psychological effects of moderate-to-severe psoriasis. Hundred and forty-three biologic-naïve patients with moderate-to-severe psoriasis, receiving adalimumab in clinical practice, were included. Patients completed a series of questionnaires at baseline (adalimumab initiation), 4 and 16-weeks and 6-months post-adalimumab initiation during routine visits. The main outcome measure was the proportion of Dermatology Life Quality Index (DLQI) 'responders' at 16 weeks, defined as ≥5 point reduction from baseline or DLQI = 0.90% (95% CI = 80.8%-94.6%) of evaluable patients were DLQI responders at 16-weeks. There were significant improvements at 16 weeks in patient-reported measures of QoL, mental and physical well-being, cutaneous body image, anxiety, depression and psoriasis severity, which were maintained at 6-months. Adalimumab treatment was associated with improvements in patients' QoL and psychological functioning, which occurred contemporaneously with improvements in cutaneous disease.

Database: Medline

Urinary orosomucoid: a new marker of cardiovascular risk in psoriatic patients?

Author(s): Németh, Balázs; Péter, Iván; Boncz, Imre; Jagicza, Anna; Kiss, István; Csergő, Ágnes; Kőszegi, Tamás; Kustán, Péter; Horváth, Iván G; Ajtay, Zénó

Source: Therapeutics and clinical risk management; 2019; vol. 15 ; p. 831-837

Publication Date: 2019

Publication Type(s): Journal Article

PubMedID: 31308681

Available at Therapeutics and clinical risk management - from Europe PubMed Central - Open Access

Available at Therapeutics and clinical risk management - from Unpaywall

Abstract:

Purpose: Psoriasis is one of the most common lifelong lasting dermatologic diseases. According to the latest studies, psoriatic patients have a higher risk of developing cardiovascular diseases. Psoriasis is considered as a systemic inflammatory disease. Several oxidative stress markers have been shown to be elevated in psoriasis. However, a panel of biomarkers has not been used yet. This study was aimed at exploring the connection between a panel of biomarkers (C-reactive protein, asymmetric dimethylarginine, uric acid, total antioxidant capacity, malondialdehyde, and orosomucoid [ORM]) and cardiovascular risk in psoriatic patients.

Patients and methods: The inclusion criterion was the onset of psoriasis with skin lesions. Exclusion criteria were impaired renal function (eGFR<60 mL/min/1.73 m2), acute inflammations (urinary, respiratory, skin inflammation, etc), autoimmune disorders (rheumatoid arthritis, systemic lupus erythematosus, or inflammatory bowel disease), and any kind of biological antipsoriatic treatment. Patients with a medical history of myocardial infarction, coronary heart disease, stroke, transient ischemic attack, and carotid artery stenosis were also excluded. Biomarkers were measured by routine procedures, ELISA and HPLC. QRISK®2-2017 was used to assess 10-year risk of cardiovascular disease development. Psoriasis severity was measured by the Psoriasis Area and Severity Index.

Results: One hundred and fourteen psoriatic patients were enrolled. Only urinary orosomucoid and urinary orosomucoid/urinary creatinine (u-ORM/u-CREAT) ratio showed significant correlation with QRISK score (u-ORM, r=0.245; u-ORM/u-CREAT, r=0.309). When comparing mild psoriatic patients to moderate psoriatic patients, significant differences could only be found in u-ORM and u-ORM/u-CREAT ratio.

Conclusion: There seems to be a connection between urinary ORM and cardiovascular risk. U-ORM and u-ORM/u-CREAT ratio could be used as an indicator of low-grade inflammation in mild and moderate psoriasis. However, it is the 10-year follow-up of cardiovascular events that will determine the usefulness of this biomarker panel.

Database: Medline

Expert consensus on the persistence of biological treatments in moderate-to-severe psoriasis.

Author(s): de la Cueva Dobao, P; Notario, J; Ferrándiz, C; López Estebaranz, J L; Alarcón, I; Sulleiro, S; Borrás, J; Daudén, E; Carrascosa, J M; Sánchez Carazo, J L; Monte Boquet, E; Puig, L

Source: Journal of the European Academy of Dermatology and Venereology : JEADV; Jul 2019; vol. 33 (no. 7); p. 1214-1223

Publication Date: Jul 2019

Publication Type(s): Journal Article

PubMedID: 31037770

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

Abstract:

BACKGROUND: Treatment persistence is becoming a useful measure to evaluate long-term effectiveness and safety of biological therapies in real-world settings.

OBJECTIVE: The main objective of this study was to explore the scientific opinion of a panel of dermatologists and hospital pharmacists to reach a consensus about the impact, causes, and best strategies and interventions that might be associated with improved drug persistence in patients with psoriasis in Spain.

METHODS: This research was conducted using a modified Delphi method organized in two rounds and involving a panel of 90 dermatologists and 34 hospital pharmacists. A questionnaire of 70 items was developed. The items proposed to reach a consensus included topics such as definitions and measures in the treatment of psoriasis, analysis of treatment persistence, factors that may influence treatment persistence, impact of treatment persistence and economic cost of treatment.

RESULTS: Dermatologists reached a consensus on 77.1% of the items proposed, and hospital pharmacists reached a consensus on 71.4%. Both groups agreed that it is important to use standardized measures in the evaluation of treatment maintenance over time. Dermatologists agreed that treatment survival, persistence and retention are synonymous, but hospital pharmacists considered only treatment persistence as a valid term. In addition, panelists agreed that drug persistence is an indicator of success in the treatment of psoriasis that may be influenced by a drug's effectiveness and safety profile, as well as by patient satisfaction. They agreed that the different causes of treatment discontinuation should be considered in Kaplan-Meier analysis of treatment persistence. Moreover, treatment persistence was agreed to decrease the cost of therapy.

CONCLUSION: This Delphi consensus highlights the different perspectives of dermatologists and hospital pharmacists regarding the interpretation of treatment persistence, and the challenge of harmonizing the results obtained.

Database: Medline

Paediatrics

Protocol for a case-control diagnostic accuracy study to develop diagnostic criteria for psoriasis in children (DIPSOC study): A multicentre study recruiting in UK paediatric dermatology clinics

Author(s): Burden-Teh E.; Murphy R.; Gran S.; Hughes C.; Thomas K.S.; Nijsten T.

Source: BMJ Open; Aug 2019; vol. 9 (no. 8)

Publication Date: Aug 2019

Publication Type(s): Article

PubMedID: 31462472

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:

Introduction: Diagnosing psoriasis in children can be challenging. Early and accurate diagnosis is important to ensure patients receive psoriasis specific treatment and monitoring. It is recognised that the physical, psychological, quality of life, financial and comorbid burden of psoriasis are significant. The aim of this study is to develop clinical examination and history-based diagnostic criteria for psoriasis in children to help differentiate psoriasis from other scaly inflammatory rashes. The criteria tested in this study were developed through a consensus study with a group of international psoriasis experts (International Psoriasis Council). Methods and analysis Children and young people (<18 years) with psoriasis (cases) and other scaly inflammatory skin diseases (controls) diagnosed by a dermatologist are eligible for recruitment. All participants complete a single research visit including a diagnostic criteria assessment by a trained investigator blinded to the participant's diagnosis. The reference standard of a dermatologist's diagnosis is extracted from the medical record. Sensitivity and specificity of the consensus derived diagnostic criteria will be calculated and the best predictive criteria developed using multivariate logistic regression. Ethics and dissemination Health Regulatory Authority and National Health Service Research Ethics Committee approvals were granted in February 2017 (REC Ref: 17/EM/0035). Dissemination will be guided by stakeholders; patients, children and young people, dermatologists, primary care and paediatric rheumatologists. The aim is to publish the study results in a high-quality peer-reviewed journal, present the findings at international academic meetings and disseminate more widely through social media and working with patient associations.

Database: EMBASE

Triggers, clinical manifestations, and management of pediatric erythema multiforme: A systematic review.

Author(s): Zoghaib, Samer; Kechichian, Elio; Souaid, Karim; Soutou, Boutros; Helou, Josiane; Tomb, Roland

Source: Journal of the American Academy of Dermatology; Sep 2019; vol. 81 (no. 3); p. 813-822

Publication Date: Sep 2019

Publication Type(s): Journal Article Systematic Review

PubMedID: 31331726

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

Abstract:

BACKGROUND: Erythema multiforme (EM) is an acute inflammatory mucocutaneous condition. EM is rarely described in children and infants.OBJECTIVETo investigate the triggers, clinical manifestations, and treatment of pediatric EM.METHODSSystematic literature review of pediatric EM.

RESULTS: After full-text article review, we included 113 articles, representing 580 patients. The mean age was 5.6 years, ranging 0.1-17 years. Infectious agents were the main triggers: herpes simplex virus (HSV) in 104 patients (17.9%) and Mycoplasma pneumoniae in 91 patients (15.7%). In total, 140 cases (24.1%) were drug-related and 89 cases (15.3%) had other triggers, such as vaccines (19 patients, 3.2%). In total, 229 patients had EM major (39.5%). Treatment was supportive care only (180 patients, 31.1%), systemic corticosteroids (115 patients, 19.8%), antivirals (85 patients, 14.6%), and antibiotics (66 patients, 11.3%), mostly macrolides (45 patients, 7.7%). Long-term sequelae

were rare (1.3%). Pediatric EM was reported in 19 infants (3.2%). The main trigger was vaccination (9 patients). Infantile EM was EM major in 2 cases and EM minor in 17. Infants were less prone to develop EM major than older children (P < .01). Pediatric EM was recurrent in 83 cases (14.3%), which was triggered by HSV in 36 patients (61%). Recurrence affected older children.

LIMITATIONS: Potential confusion between Steven Johnson syndrome and EM major in addition to publication bias.

CONCLUSION: Pediatric EM is a rare disease, mainly triggered by infections. This condition can affect all mucosal surfaces, most commonly the oral mucosae. The diagnosis is clinical, and management relies on supportive care. Vaccines are a particular trigger in infants. Recurrent cases are most commonly linked to HSV. Dermatologists and pediatricians should be aware of this potentially recurrent and severe condition.

Database: Medline

Diagnosis and management of moderate to severe atopic dermatitis in adolescents. A Consensus by the Italian Society of Dermatology and Venereology (SIDeMaST), the Italian Association of Hospital Dermatologists and Public Health (ADOI), the Italian Association of Hospital and Territorial Allergists and Immunologists (AAIITO), the Italian Society of Allergy, Asthma and Clinical Immunology (SIAAIC), the Italian Society of Pediatric Allergy and Immunology (SIAIP), the Italian Society of Allergological, Occupational and Environmental Dermatology (SIDAPA), and the Italian Society of Pediatric Dermatology (SIDerP)

Author(s): Calzavara-Pinton P.; Belloni Fortina A.; Bonamonte D.; Marseglia G.L.; Miraglia Del Giudice M.; Musarra A.; Nettis E.; Neri I.; Patruno C.; Stingeni L.; Peris K.

Source: Giornale italiano di dermatologia e venereologia : organo ufficiale, Societa italiana di dermatologia e sifilografia; May 2020

Publication Date: May 2020

Publication Type(s): Article

PubMedID: 32438781

Abstract: Atopic dermatitis (AD) is a chronic inflammatory disease with increasing global incidence, which has a multifactorial pathogenesis and a variable expressivity. Clinical features of AD are different in adults compared to children, but it is well recognized the substantial impact of the disease on patients' quality of life at any age. Indeed, little is known about AD in adolescence, a period of life generally associated with high psychological burden and vulnerability to depression. Guidelines for the management of AD are available for both children and adults but specific guidelines for the diagnosis and treatment of AD in adolescents are lacking. Seven Italian scientific societies of dermatologists, allergists, and pediatric allergists joined in a specific meeting to provide practical guidance for the diagnosis and management of moderate-to-severe adolescent AD suitable for the Italian clinical practice. Through a modified Delphi procedure, consensus was reached by 59 Italian experts in the management of AD on 20 statements covering five areas of interest about adolescent AD, including disease complexity, burden and social impact, diagnosis and definition of severity, current treatments, and new biologic therapies. This paper reports recommendations for the diagnosis and management of AD specifically in adolescents, pointing out some peculiar clinical features and focusing on the choice of medications. Dupilumab, the first biologic approved for the treatment of adolescents with AD, represents a useful treatment option due to its efficacy and reassuring safety profile.

Database: EMBASE

British Society for Paediatric Dermatology 2019 Annual Meeting

Author(s): anonymous

Source: British Journal of Dermatology; Jan 2020; vol. 182 (no. 1)

Publication Date: Jan 2020

Publication Type(s): Conference Review

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

Abstract: The proceedings contain 28 papers. The topics discussed include: improving referrals of high-risk infantile hemangiomas to pediatric dermatology; a sticky problem: cutaneous reactions to medical-grade adhesives in children with type 1 diabetes; contact sensitization in children and adolescents aged between 10 and 18 years: trends in allergens in a 10-year retrospective study; 'I've slept for the first time in 17 years': patient experiences of dupilumab in treating severe pediatric atopic dermatitis; single-centre experience with tofacitinib for use in pediatric dermatology; a 2-year-incidence study of severe congenital ichthyosis in the UK and Ireland: an interim report; and autologous fat grafting in the treatment of Parry-Romberg syndrome and linear scleroderma (en coup de sabre).

Database: EMBASE

Reducing paediatric dermatology waiting times for new patients in Belfast

Author(s): Costley M.; Brennan R.; O'Kane D.; Hoey S.

Source: British Journal of Dermatology; Jan 2020; vol. 182 (no. 1)

Publication Date: Jan 2020

Publication Type(s): Conference Abstract

Abstract: The paediatric dermatology department in Belfast provides care to patients from birth to age 13 years and accepts referrals from all of Northern Ireland. Referral numbers have increased in recent years resulting in significantly more patients waiting for appointments and waits in excess of a year. The aim of this quality improvement project was to reduce the number of patients waiting for an appointment by 50% by September 2020. Change ideas were tested using the Institute for Healthcare Improvement's Model for Improvement and with multiple plan-do-study-act cycles of change. The initial data capture in September 2018 identified 801 patients waiting to be seen and a longest wait to first appointment of 74 weeks. As was expected, the most common suspected diagnosis was eczema. As medical staff had voiced concerns that the reason for referral had often resolved by first appointment, a validation of patients currently on the waiting list was undertaken by appointment staff. Ad hoc registrar-led clinics were established for patients waiting the longest time. The cycles of change completed to date had reduced the number of patients on the dermatology waiting list by 25% as of March 2019 (from 801 to 602). In this period, the longest wait has reduced to 62 weeks from 74 weeks. Additional cycles of change include the introduction of an eczema treatment pro forma to decrease review slot demand and increase new capacity. We will be moving to a new hospital site in 2021, which will increase clinic capacity and allow the introduction of nurse-specialist-led clinics. Funding has also been secured for an additional consultant-led clinic from October 2019. In summary, this project summarizes our strategy in a busy trust to improve accessibility to our services for our patients.

Database: EMBASE

Which emollients are effective and acceptable for eczema in children?

Author(s): Ridd, Matthew J; Roberts, Amanda; Grindlay, Douglas; Williams, Hywel C

Source: BMJ : British Medical Journal (Online); Oct 2019; vol. 367

Publication Date: Oct 2019

Publication Type(s): Evidence Based Healthcare Journal Article

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

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

Abstract: Although emollients alone can help reduce the symptoms of eczema and prevent flares, most people will need to use anti-inflammatory treatments such as topical corticosteroids of an appropriate strength and duration as well Effectiveness and acceptability of emollients varies according to disease severity, body site, climate, container, and patient or carer preferences and beliefs Based on current evidence, the "best" emollient is the one that the individual prefers after a period of testing Atopic eczema or dermatitis, commonly referred to as eczema, is characterised by dry, itchy skin. Subsequently, the COMET study reported on the feasibility of a trial in primary care comparing four different types of emollients (Aveeno lotion, Diprobase cream, Doublebase gel, Hydromol ointment) in children up to 5 years of age.13 It was not powered to compare the effectiveness of the interventions, but eczema

severity improved in all groups over a 12 week period.14 An open-label study1516 randomised 335 children aged 2-6 years with mild to moderate atopic dermatitis to Dexeryl (V0034CR) cream, Atopiclair cream, or no emollient: the proportion of patients with one or more flares and the number of flares was lower in both emollient groups, with Dexeryl cream seeming to perform better than Atopiclair cream. A recent review in England and Wales identified 102 different emollient formularies that made conflicting recommendations about 109 different emollients.17 Is ongoing research likely to provide relevant evidence? Because of variability of eczema and associated skin dryness between and within patients, it is unlikely that any one emollient will suit everyone. Magali Redding, chief executive officer of Eczema Outreach Support (a charity providing practical and emotional support to families of children and young people with eczema in the UK, www.eos.org.uk) What patients and carers need to know Eczema is an inflammatory skin disease that needs anti-inflammatory treatment with topical corticosteroids to get redness and itching under control Emollients treat the dry skin associated with eczema and may help to prevent flares Research comparing different "leave-on" emollients is limited, so the key thing is to find one(s) that suits you and your child, which over time may change It is important to apply emollients to your child regularly (usually twice a day) as a maintenance treatment Emollients are safe, and any adverse effects are usually localised and mild.

Database: BNI

NICE Guidance

Round up of Guidance and advice that have been published in the last 6 month or are due to be published within the next 6 months. For the full range of NICE Guidance – Skin Conditions, please see https://www.nice.org.uk/guidance/conditions-and-diseases/skin-conditions

NATROX oxygen wound therapy for managing diabetic foot ulcers and complex or chronic non-healing wounds
Medtech innovation briefing [MIB208]
Published date: 17 March 2020
https://www.nice.org.uk/advice/mib208

Leg ulcer infection: antimicrobial prescribing
NICE guideline [NG152]
Published date: 11 February 2020
https://www.nice.org.uk/guidance/ng152

SEM Scanner 200 for pressure ulcer prevention
In development [GID-MT533]
Expected publication date: 05 October 2020
https://www.nice.org.uk/guidance/indevelopment/gid-mt533

Impetigo: antimicrobial prescribing
NICE guideline [NG153]
Published date: 26 February 2020
https://www.nice.org.uk/guidance/ng153

V.A.C. VERAFLO Therapy System for acute infected or chronic wounds that are failing to heal
In development [GID-MT543]
Expected publication date: 06 October 2020
https://www.nice.org.uk/guidance/indevelopment/gid-mt543