Dermatology Literary Review

July to October 2014

Title	Publication	Date	Overview
BP180- and BP230-specific IgG autoantibodies in pruritic disorders of the elderly: a preclinical stage of bullous pemphigoid?	British Journal of Dermatology, Vol. 171, No. 2, pages 212-219.	August	Article on pruritus in the elderly population and the current understanding of immunological alterations during the ageing process.
Periostin levels correlate with disease severity and chronicity in patients with atopic dermatitis	British Journal of Dermatology, Vol. 171, No. 2, pages 283-291.	August	Results which analysed whether periostin, an extracellular matrix protein, is associated with clinical phenotype in adult patients with atopic dermatitis (AD). Serum periostin was significantly higher in patients with AD than in the control groups. Periostin level was found to be positively correlated with disease severity.
Hand eczema in The Odense Adolescence Cohort Study on Atopic Diseases and Dermatitis (TOACS): prevalence, incidence and risk factors from adolescence to adulthood	British Journal of Dermatology, Vol. 171, No. 2, pages 313-323.	August	Study results which report on the epidemiology of hand eczema (HE) from adolescence to adulthood. A high incidence/prevalence of HE were found in 28-30 year olds, and these were highly associated with childhood hand eczema and atopic dermatitis, along with wet work and taking care of small children. There was no association with smoking, education or nickel allergy in childhood.
Prevalence and incidence of hand eczema in adolescence: report from BAMSE - a population-based birth cohort	British Journal of Dermatology, Vol. 171, No. 3, pages 609-614.	September	Results which looked at the prevalence rate of hand eczema (HE) at 16 years of age. The 1-year prevalence of hand eczema was 5.2% and 4% respectively, when adolescents and parents reported. According to the Hand Eczema Extent Score, 27% had moderate-to-severe hand eczema.

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Visit www.hydromol.co.uk for more information on Hydromol

Alliance Pharmaceuticals Ltd, Avonbridge House, Bath Road, Chippenham, Wiltshire SN15 2BB
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Prescribing information appears on the back page

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Electrical measurement of the hydration state of the skin surface *in vivo*	British Journal of Dermatology, supplement S3, Vol. 171, No. 3, pages 29-33.	September	Article which looks at the stratum corneum and evaluates the hydration state of the skin surface among healthy adults in various body regions.
Interactions between the stratum corneum and topically applied products: regulatory, instrumental and formulation issues with focus on moisturizers	British Journal of Dermatology, supplement S3, Vol. 171, No. 3, pages 38-44.	September	Article which summarises the impact skin diseases can have on patients' lives and the use of topical moisturisers on the skin. The use of these moisturisers is usually regulated as cosmetics, e.g. facial skin care/daily moisturising routines. However, despite relief of dryness, some of these products may result in deterioration of the skin barrier function. In a worst case scenario, a moisturiser may actually increase the risks of eczema and asthma.
Protection afforded by controlled application of a barrier cream: a study in a workplace setting	British Journal of Dermatology, Vol. 171, No. 4, pages 813-818.	October	Study which looked at whether skin protective cream (PC) can reduce skin damage against known irritants. Results showed that PC when used with sodium lauryl sulfate (SLS) does not prevent irritant contact dermatitis but significantly reduces skin damage compared with SLS alone.
Diet and psoriasis, part I: Impact of weight loss interventions	Journal of the American Academy of Dermatology, Vol. 71, No. 1, pages 133-140.	July	Literature review which examines the efficacy of weight loss interventions, both dietary and surgical, on the psoriasis disease course.
Guidelines of care for the management of atopic dermatitis	Journal of the American Academy of Dermatology, Vol. 71, No. 2, pages 327-349.	August	USA guidelines on the management of atopic dermatitis, which lists treatment options, and includes efficacy data, dosage information, adverse effects and paediatric considerations.

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Diet and psoriasis, part II: Celiac disease and role of a gluten-free diet	Journal of the American Academy of Dermatology, Vol. 71, No. 2, pages 350-358.	August	Article which reviews the epidemiologic association between psoriasis and celiac disease and perform a meta-analysis to determine whether patients with psoriasis more frequently harbour serologic markers of coeliac disease. The authors also examine whether a gluten-free diet can improve psoriatic skin disease.
Diet and psoriasis, part III: Role of nutritional supplements	Journal of the American Academy of Dermatology, Vol. 71, No. 3, pages 561-569.	September	Article which examines the use dietary supplements for the treatment of psoriasis, including the use of oral vitamin D, vitamin B12, selenium, and omega-3 fatty acids in fish oils. The authors concluded that the evidence of benefit was highest for fish oils. For other supplements, there was a need for additional large, randomised clinical trials to establish evidence of efficacy.
Teledermatology: Key factors associated with reducing face-to-face dermatology visits	Journal of the American Academy of Dermatology, Vol. 71, No. 3, pages 570-576.	September	Article which examined current literature to determine the success of teledermatology programmes in reducing face-to-face visits. Reduced face-to-face appointments by utilising teledermatology programmes required: (1) effective preselection of patients, (2) high-quality photographic images, (3) dermoscopy if pigmented lesions are evaluated, and (4) effective infrastructure and culture.
Palmoplantar psoriasis is associated with greater impairment of health-related quality of life compared with moderate to severe plaque psoriasis	Journal of the American Academy of Dermatology, Vol. 71, No. 4, pages 623-632.	October	Results from a cross-sectional study of patients with plaque psoriasis and palmoplantar psoriasis. The results showed that patients with palmoplantar psoriasis experienced greater health-related quality of life impairment, and are more likely to report heavy use of topical prescriptions than those with moderate to severe plaque psoriasis.

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What should primary care providers know about pediatric skin conditions? A modified Delphi technique for curriculum development	Journal of the American Academy of Dermatology, Vol. 71, No. 3, pages 656-662.	October	Study which aimed to identify important objectives for a paediatric dermatology curriculum for general practitioners (in the US).
Emergency Department Diagnosis and Management of Skin Diseases With Real-Time Teledermatologic Expertise	JAMA Dermatology, Vol. 150, No. 7, pages 743-747.	July	Study which evaluated real-time teledermatologic expertise with the use of mobile telephones for the diagnosis and management of skin conditions in patients seen in the emergency department (ED). The authors conclude that compared with standard hardware, new-generation mobile devices reduce the cost of videoconferencing, increase the versatility of teledermatology, and decrease general practitioner investment time.
Measuring Psoriasis Severity. Why Does it Matter?	Journal of the Dermatology Nurses' Association, Vol. 6, No. 5, pages 252-256.	September - October	Article which provides a review of the most common tools and methodologies used to determine psoriasis severity. It also discusses the potential positive impact that severity categorisation may have on the patient's disease management.
Irritant Dermatitis to Metal in a Child With Atopic Skin Disease	Journal of the Dermatology Nurses' Association, Vol. 6, No. 5, pages 261-262.	September - October	Case study on a 9-year-old boy with a pruritic, unusually shaped, scaly plaque on the upper lip, with the irritant being exposed as a pop can which the boy was frequently exposed to.

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The Eczema Education Programme: intervention development and model feasibility	Journal of the European Academy of Dermatology & Venereology, Vol. 28, No. 7, pages 949-956.	July	Study examining the rationale, evidence base and development of a large scale, structured, theory-based, nurse-led intervention, the 'Eczema Education Programme' (EEP), for parents of children with eczema.
Chronic disease influences over 40 major life-changing decisions (MLCDs): a qualitative study in dermatology and general medicine	Journal of the European Academy of Dermatology & Venereology, Vol. 28, No. 10, pages 1344-1355.	October	Adult dermatology patients explain how their chronic disease has influenced major life-changing decisions (MLCDs) in individual interviews. The most frequently reported MLCDs concerned career choice (66%), job (58%), choice of clothing (54%), relationships (52%), education (44%), stopping swimming (34%), moving abroad (32%), not socialising (34%), wearing make-up (22%) and having children (22%).
Fast itch relief in an experimental model for methylprednisolone aceponate topical corticosteroid activity, based on allergic contact eczema to nickel sulphate	Journal of the European Academy of Dermatology & Venereology, Vol. 28, No. 10, pages 1356-1362.	October	Results which assessed the effect of a topical corticosteroids, methylprednisolone aceponate 0.1% ointment (MPA), on itch relief. Volunteers had induced eczema and were sensitized to nickel sulphate (n=16). Five volunteers reached 100% decrease from itch baseline-VAS in 2.0 $\pm$ 1.2 days, whereas a 75% decrease was obtained in 1.7 $\pm$ 1.6 days by 16 volunteers. Clinical improvement of patch-test reaction was apparent at day 11, although erythema was still present.

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Hydromol®

PRESCRIBING INFORMATION

Please refer to full Summary of Product Characteristics or Product Information before prescribing

Hydromol® Cream

Presentation: Soft white cream containing sodium pyrrolidone carboxylate 2.5%. **Indications:** Dry skin conditions including dermatitis, eczema, ichthyosis and senile pruritus. **Dosage and Administration:** Apply liberally to affected area and massage into skin as often as required; it is especially beneficial after bathing. **Contra-indications:** Known hypersensitivity to any of the ingredients. **Warnings & Precautions:** Not designed for use as a diluent. **Interactions:** None known. **Side-effects:** Refer to SPC for full list. Rarely a non serious allergic type reaction may be experienced, e.g. rash. **Legal Category:** GSL. **Packs:** 50g & 100g tubes, & 500g tub with pump dispenser. **Basic NHS price:** 50g £2.19, 100g £4.09, 500g £11.92. **Marketing Authorisation number:** PL 16853/0089.

Hydromol® Ointment

Presentation: All purpose ointment containing Cetomacrogol Emulsifying Wax, Yellow Soft Paraffin and Liquid Paraffin. **Indications:** For the management of eczema, psoriasis and other dry skin conditions. **Dosage and Administration:** Emollient - Apply liberally and as often as required to the affected area. Bath additive - Melt Hydromol Ointment in warm water in a suitable container, add mixture to the bath. Soap substitute - Use as required when washing. **Contra-indications:** Hypersensitivity to any of the ingredients. **Warnings & Precautions:** Avoid eyes. Beware of slipping in bath. **Side-effects:** None known. **Legal Category:** Class 1 Medical Device. **Packs and basic NHS price:** 125g - £2.88, 500g - £4.89, 1kg - £9.09.

Hydromol® Bath & Shower Emollient

Presentation: Colourless liquid containing light liquid paraffin (37.8%) and isopropyl myristate (13%). **Indications:** For the treatment of dry skin conditions such as eczema, ichthyosis and senile pruritus. **Dosage and Administration:** Children, Adults and Elderly: Add 1-3 capfuls to an 8 inch bath of water, soak for 10-15 minutes. Alternatively, apply to wet sponge or flannel and rub onto wet skin. Rinse and pat dry. Infants: Add ½ to 2 capfuls to a small bath of water. **Contra-indications:** Known hypersensitivity to any of the ingredients. **Warnings & Precautions:** Avoid eyes. Beware of slipping in bath. **Side-effects:** None known. **Legal Category:** GSL **Packs and basic NHS price:** 350ml - £3.88, 500ml - £4.42, 1 litre - £8.80 **Marketing Authorisation number:** PL 16853/0090.

Hydromol® Intensive

Presentation: Smooth, unperfumed, non-greasy, off-white cream containing urea Ph.Eur 10% w/w in white soft paraffin. **Indications:** For the treatment of ichthyosis and hyperkeratotic skin conditions associated with atopic eczema, xeroderma, iasteatosis and other chronic dry skin conditions. **Dosage and Administration:** Apply sparingly twice daily. **Contra-indications:** Known hypersensitivity to any of the ingredients. **Warnings & Precautions:** Hydromol Intensive may increase the penetration through the skin of other topical agents. **Side-effects:** May produce local irritations (including erythema, burning or pruritus) and oedema when applied to sensitive, moist or fissured skin. **Legal Category**: P **Packs and basic NHS price:** 30g - £1.64, 100g - £4.37 **Marketing Authorisation number:** PL 16853/0061.

Full prescribing information is available from: Alliance Pharmaceuticals Ltd, Avonbridge House, Bath Road, Chippenham, Wiltshire, SN15 2BB.

Date last revised: November 2014.

Adverse Event Reporting

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard
Adverse events should also be reported to Alliance Pharmaceuticals (tel: 01249 466966,
email: pharmacovigilance@alliancepharma.co.uk) www.alliancepharma.co.uk

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