Dermatology Literary Review

April to June 2020

Title	Publication	Date	Overview
Non-COVID-19 clinical crises: managing patients in primary care - very severe eczema in children	Pulse, May issue, pages 24-25.	May	Article shares guidance for primary care healthcare professionals dealing with very severe eczema in children when minimal secondary care help is available due to COVID-19. It discusses the importance of applying emollient at least two to three times a day. It also recommends bathing the child in tepid water every day and washing their skin with an emollient. It offers guidance on prescribing topical steroid ointment, which can be applied to all the affected areas once a day, and how the child may need different potency ointments for different areas.
COVID-19: how to avoid skin damage while wearing PPE	Nursing Standard, Vol. 35, No. 6, pages 24-26.	June	Article explores how healthcare professionals can minimise skin damage caused by prolonged use of personal protective equipment (PPE). It recommends applying a liquid barrier film, which should be allowed to dry, and if using a skin moisturiser, this should be applied at least 30 minutes before donning PPE. After a shift has ended, it suggests hands are washed with a soap substitute and then emollient/moisturiser applied to the hands and face. Also whenever skin on the face or hands is sore (when not at work), the application of plain petroleum jelly and other emollients plus mild-to-moderate topical steroids is helpful.
Systemic immunosuppressive therapy for inflammatory skin diseases in children: Expert consensus-based guidance for clinical decision-making during the COVID-19 pandemic	Pediatric Dermatology, Vol. 37, No. 3, pages 424–434.	May/June	Guidance from the Paediatric Dermatology COVID-19 Response Task Force suggests that the ultimate decision regarding initiation, continuation, and laboratory monitoring of immunosuppressive therapy during the pandemic requires careful deliberation, consideration of the little evidence available, and discussion with families. The overall consensus is that patients on immunosuppressive medications, who have a household exposure to COVID-19 or test positive for new infection, should temporarily discontinue systemic and biologic medications, with the exception of systemic steroids, which may require tapering. For asymptomatic patients, it suggests continuing with therapy.

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COVID-19 and its implications for Dermatology and Venereology	Journal of the European Association of Dermatology & Venereology, Vol. 34, No. 5, page 914.	May	Article reflects on the implications of COVID-19 on dermatology and venereology patients and healthcare professionals (HCPs). It discusses how HCPs, who must apply disinfectants and wash their hands many times a day, may be at risk of irritant or allergic contact dermatitis, particularly if they have sensitive skin. It explores how skin damage may be caused by prolonged use of gloves and masks and suggests that adequate skin protection - using the right type and amount of emollients - is crucial. The author also examines whether patients with skin disease are at risk of developing severe COVID-19 symptoms, for example those using immunosuppressants, topical or systemic drugs. It suggests that at the time of writing the article there was no scientific evidence guiding therapeutic decisions in systemic immunosuppression; only theoretical considerations. However, some position statements or recommendations are being developed by expert groups, e.g. for atopic dermatitis.
Incontinence-associated dermatitis 2: assessment, diagnosis and management	Nursing Times (Online), Vol. 116, No. 4, pages 40-44.	April	Article examines how to assess and diagnose incontinence-associated dermatitis (IAD) and how to manage the condition to reduce the likelihood of skin damage. It explores the growing evidence to support the use of structured skin-care protocols that focus on cleansing, the application of emollients and the use of skin protectants. It shares guidance on the principles of emollient and moisturiser use, including applying them regularly and liberally before soiling and immediately after cleansing if the patient has been incontinent, to ensure maximum effect. It also recommends that complete emollient therapy is continued once the incontinence has been resolved as this will continue to support skin barrier function and protect the patient's skin in the event of further incontinence.

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Quantitative analysis of topical treatments in atopic dermatitis: unexpectedly low use of emollients and strong correlation of topical corticosteroid use both with depression and concurrent asthma	British Journal of Dermatology, Vol. 182, No. 4, pages 1017-1025.	April	A study to quantify the use of topical corticosteroids (TCS) and emollients in moderate-to-severe atopic dermatitis (AD) concluded that deficient use of emollients may be a factor contributing to AD severity. The results indicated that emollient use in these patients was fourfold lower than the amount recommended in current guidelines, with a median usage of 9.6g per day. This is in stark contrast to current guidelines that recommend dispensing 85g per day (600g per week) for adults and 35g per day (250g per week) for children. Given that the study extracted a 12-month average use, the authors suggest the data imply that many patients evidently do not use emollients on a daily basis but only as and when they experience flares. The study also examined the use of TCS and found this to be significantly higher in male patients and in patients with AD who also have asthma. The use of TCS was also shown to be strongly associated with concurrent antidepressant treatment.
Safe and effective use of phototherapy and photochemotherapy in the treatment of psoriasis	British Journal of Nursing, Vol. 29, No. 10, pages 547-552.	28 May	Article discusses side effects of current phototherapy treatments used for psoriasis and regimens that can be followed to increase effectiveness and minimise risks. It suggests that narrow band ultraviolet B (NB-UVB) and Psoralen + ultraviolet A (PUVA) are recognised, effective, and in the case of UVB, economical second-line treatments for psoriasis when topical therapies fail to control the disease or are an impractical option due to the extent of skin involvement. Other recommendations include minimal erythema dose tests prior to treatment with NB-UVB and minimal phototoxic dose tests prior to treatment with PUVA. It also advises that failure of NB-UVB to work does not preclude the use of PUVA or vice versa.

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The association between atopic dermatitis and serum 25-hydroxyvitamin D in children: influence of sun exposure, diet, and atopy features - a cross-sectional study	Pediatric Dermatology, Vol. 37, No. 2, pages 294-300.	March/April	Article shares study data which supports an association between vitamin D (VD) deficiency and atopic dermatitis (AD) severity in children with light complexions. Although serum 25(OH)D levels in AD patients were comparable to those of healthy controls, disease severity was inversely associated with serum 25(OH)D levels in patients with light phototypes. Although these results support some earlier studies, they are in contrast to others which reported significantly lower serum 25(OH)D levels in patients with AD than in healthy controls. However, the authors point out that none of these earlier studies took into account the influence of dietary VD intake or sun exposure. Whilst this study found that VD dietary intake did not influence serum 25(OH)D levels, sun exposure in summertime clearly did.
Dupilumab treatment results in early and sustained improvements in itch in adolescents and adults with moderate to severe atopic dermatitis	Journal of the American Academy of Dermatology, Vol. 82, No. 6, pages 1328-1336.	June	Article shares data from four randomised trials which confirmed that dupilumab treatment has a rapid and sustained effect on itch in patients with moderate-to-severe AD. Dupilumab versus placebo showed significant improvements in itch as early as day two in adult patients and day five in adolescent patients, and responses were sustained through to the end of treatment, up to one year.
A comparison of psoriasis severity in pediatric patients treated with methotrexate vs biologic agents	JAMA Dermatology, Vol. 156, No. 4, pages 384-392.	April	Results from a study of paediatric patients with moderate-to-severe psoriasis, found that those receiving biologics were more likely to achieve a greater reduction in psoriasis severity than those treated with methotrexate. 75% or more improvement in PASI scores was achieved in 71.4 % of patients receiving biologics vs 40.0% of patients receiving methotrexate. PGA status of clear/ almost clear was achieved in 48.6% of patients receiving biologics vs 35.6% receiving methotrexate. The authors suggest that whilst biologics make an attractive treatment option as they are convenient to use, require less monitoring, and are associated with longer overall drug survival rates and fewer treatment-related toxic effects than conventional agents in children, methotrexate also remains an effective treatment and costs significantly less than biologics.

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