

# Dermatology Literary Review

April 2021 to June 2021

Title	Publication	Date	Overview
Skin care before and after laser surgery	Pediatric Dermatology, Vol. 38, No. 2, pages 481-482.	March/April	Article discusses how taking care of the skin before and after laser surgery is very important to make sure the treatment is successful, and to help prevent problems or complications. Recommendations following laser surgery include washing the skin gently with mild soap and water, starting 24 hours after the procedure. Rather than using a washcloth or loofah, or rubbing the skin, it is suggested gently using the hands or clean gauze to dab the treated area clean. It also recommends keeping the treated area moisturised, suggesting that emollients are used until the skin has completely healed.
Basics of wound care and dressings	Dermatology in Practice, Vol. 27, No. 2, pages 42-46.	Summer	Article discusses how there are a multitude of complexities when considering wound assessment and management. It aims to offer a simple guide for healthcare professionals and explores the steps involved in caring for wounds before dressings are applied. This includes the removal of any previous dressings and cleansing, which it suggests is an important step to remove debris and reduce microbial load. It also examines the importance of taking care of the surrounding skin and recommends emollients for dry skin, topical steroids for surrounding eczema and barrier creams for normal skin to prevent irritation caused by exudate. The authors also discuss dressing options available for different wound types, suggesting that the role of a dressing is to provide the right environment to enhance and promote wound healing
Guidelines for management of psoriasis: screening for comorbidities	Journal of the Dermatology Nurses' Association, Vol. 13, No. 3, pages 168-174.	May/June	Article discusses how psoriasis is a complex, systemic inflammatory disease with several extracutaneous manifestations. It suggests that healthcare providers and patients need to be aware of all the medical conditions that are associated with psoriasis and how at the time of diagnosis of psoriasis and periodically afterwards, patients should be evaluated for signs, symptoms, and risks of comorbidities, as the presence of comorbid diseases can increase the risk for morbidity and mortality.

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Atopic dermatitis and <i>Staphylococcus aureus</i> : a complex relationship with therapeutic implications	Journal of the Dermatology Nurses' Association, Vol. 13, No. 3, pages 162-167.	May/June	Article discusses the strong association between <i>Staphylococcus aureus</i> ( <i>S. aureus</i> ) and atopic dermatitis (AD). It examines the factors in <i>S. aureus</i> involved in AD pathogenesis and suggests there is a clear difference in <i>S. aureus</i> colonization in those with AD compared to unaffected individuals. These increased colonization levels of <i>S. aureus</i> in AD affects patients' cutaneous microbiome, immune regulation and skin barrier, contributing to disease flares and susceptibility to irritation and infection. The authors explore treatment options and suggest that bacteriotherapies and non-pharmacological therapies targeting <i>S. aureus</i> and the microbiome imbalance are promising areas of research that may be beneficial as adjunctive treatments for AD. They also mention how the use of emollients is a central pillar to AD management, and that incorporating antiseptics into emollients may prove more beneficial than emollients alone by decreasing <i>S. aureus</i> levels.
Cost-of-illness of atopic dermatitis in Germany: data from dermatology routine care	Journal of the European Academy of Dermatology & Venereology, Vol. 35, No. 6, pages 1346-1356.	June	Results from a study in Germany to determine the annual costs of adults with atopic dermatitis (AD) from the societal perspective, showed that compared to psoriasis, AD has a moderate level of costs-of-illness. The comparison of total drug costs revealed much higher expenses by the payers for psoriasis than for AD. It is suggested this reflects the large number of guideline-compliant drugs for psoriasis, whereas in AD the treatment options are much more restricted. In particular, there has been a marked and still ongoing increase in systemic treatment for psoriasis, which is not yet true for AD. While it is thought the management of AD will improve with newly approved therapies such as dupilumab, this will be accompanied by significantly higher drug costs for patients with AD. The study also considered out-of-pocket costs, and compared to a similar study for psoriasis, these were considerably higher for AD. This may be explained by two major effects: (i) there are less effective reimbursed treatment options in AD compared with psoriasis and (ii) there is a generally higher need in AD to use topical basic emollients which are not reimbursed, resulting in higher self-paid purchases of emollients.

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The experience of itch in children with psoriasis: a qualitative exploration of the Itch Numeric Rating Scale	Pediatric Dermatology, Vol. 38, No. 1, pages 405-412.	March/ April	This study examines the symptoms and impacts of itch with paediatric psoriasis patients and evaluates the content validity of the Itch Numeric Rating Scale (NRS) in children. In the study, concept elicitation interviews were completed with 22 children aged 7-17 years. When asked about most frequent symptoms, 61% reported itching (n=14) and 65% reported flaking (n=15). The majority reported itching as bothersome, with around half describing impacts on their regular activities. Cognitive interviews were also completed with 25 children aged 8-17 years to evaluate the content validity of the Itch NRS. Overall, the Itch NRS was received favourably, with comments that the scale was easy or relevant to their experience with psoriasis. Most said that it would be easy to complete the Itch NRS on their own, and all described the meaning of the response options similar to the intended value. The authors conclude that measurement of itch is critical to assess disease severity, and to guide and optimise treatment decisions. They suggest that the Itch NRS is a simple, well understood by children, single-item instrument that clinicians could use to assess efficacy in the paediatric population.
National Psoriasis Foundation COVID-19 Task Force guidance for the management of psoriatic illness during the pandemic: version 2	Journal of the American Association of Dermatology, Vol. 84, No. 5, pages 1254-1268.	May	Article discusses 27 guidance statements produced by The National Psoriasis Foundation COVID-19 Task Force to promote optimal management of psoriatic disease during the pandemic. These statements provide guidance for the treatment of patients with psoriatic disease on topics including how the disease and its treatments affect COVID-19 risk, how medical care can be optimised during the pandemic, what patients should do to lower their risk of getting infected with severe acute respiratory syndrome coronavirus 2 (including novel vaccination), and what they should do if they develop COVID-19. The guidance is a living document that is continuously updated by the Task Force as data emerge.

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A head-to-head comparison of ixekizumab vs. guselkumab in patients with moderate-to-severe plaque psoriasis: 24-week efficacy and safety results from a randomized, double-blinded trial	British Journal of Dermatology, Vol. 184, No. 6, pages 1047-1058.	June	A randomised, double-blinded trial comparing ixekizumab with guselkumab in the treatment of moderate-to-severe plaque psoriasis found that more patients who received ixekizumab achieved skin clearance early in the study. The results showed that as early as week 2 and through week 16, more patients on ixekizumab achieved PASI 100 ( $P < 0.01$ ). At week 24, ixekizumab was non-inferior to guselkumab (50% vs. 52%, difference -2.3%), with no statistically significant difference in PASI 100 ( $P = 0.41$ ). The median time to first PASI 50/75/90 and PASI 100 were 2 and 7.5 weeks shorter, respectively, for patients on ixekizumab vs. guselkumab ( $P < 0.001$ ). Over the 24-week study, patients on ixekizumab also had a greater cumulative benefit - experiencing 13.4 more 'clear skin' days, 9.7 more 'itch-free' days, and 7.6 more days without psoriasis having an impact on their quality of life.
Once-daily upadacitinib versus placebo in adolescents and adults with moderate-to-severe atopic dermatitis (Measure Up 1 and Measure Up 2): results from two replicate double-blind, randomised controlled phase 3 trials	The Lancet, Vol. 397, No. 10290, pages 2151-2158.	5 June	Results from two replicate double-blind, randomised controlled phase 3 trials demonstrated the superiority of both upadacitinib 15 mg and upadacitinib 30 mg compared with placebo in adolescents and adults with moderate-to-severe atopic dermatitis (AD). It is suggested that the treatment effect of upadacitinib versus placebo across multifaceted aspects of AD provides evidence that a targeted therapy blocking multiple inflammatory pathways could help to address the substantial unmet needs in the treatment of moderate-to-severe AD. By week 2, patients in the upadacitinib 15 mg and 30 mg groups had statistically significant improvements in skin clearance (as measured by EASI-75) when compared with placebo. Also, a significantly higher proportion of patients had clinically meaningful improvements in itch at day 2 in the upadacitinib 30 mg groups and at day 3 in the upadacitinib 15 mg groups vs placebo. The authors suggest this rapidity and depth of response distinguishes upadacitinib from other treatments for AD. The findings also showed that high efficacy compared with placebo can be achieved with upadacitinib monotherapy, without the use of topical corticosteroids, thereby avoiding the burden associated with topical corticosteroids use in AD.

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