July 2021 to September 2021

| Title | Publication | Date | Overview |
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| A new era in the management of atopic dermatitis | Journal of the Dermatology Nurses' Association, Vol. 13, No. 5, pages 271-277. | September/ October | Article suggests that the treatment landscape for atopic dermatitis (AD) is changing at a rapid rate and provides exciting, more tailored options for patients. In recent clinical trials, Janus kinase/STAT inhibitors such as abrocitinib, baricitinib and upadacitinib have indicated significant and early reductions in AD lesions and itch. Several monoclonal antibodies have also shown great promise in the treatment of AD. Nemolizumab, an anti-II-31 antibody, as well as lebrikizumab and tralokinumab, which target IL-13, have all also shown substantial, rapid improvements in AD and associated itch. The article also shares a 'therapeutic ladder' based on pruritus intensity for patients experiencing AD. It suggests that regardless of severity, therapy should always be supplemented with aggressive use of anti-itch emollients/moisturisers, and adequate disease education should also be provided. |
| Preventing medical adhesive-related skin injury (MARSI) | British Journal of Nursing, Vol. 30, No. 15, pages s48-s56. | 12 August | Article suggests that medical adhesive-related skin injury (MARSI) is an overlooked and underestimated problem. It shares examples of good skin care to help maintain skin integrity including avoiding washing the skin too much and when washing using emollient wash products, moisturising the skin daily and using emollients as a moisture barrier. The article also features an infographic depicting a dressing algorithm for applying and removing dressings, using the most appropriate products to prevent MARSI. |
| Validity and reliability of Patient-Reported Outcomes Measurement Information System Global Health scale in adults with atopic dermatitis | Journal of the American Association of Dermatology, Vol. 85, No. 3, pages 636-644. | September | A study to examine the measurement properties of Patient-Reported Outcomes Measurement Information System Global Health (PGH) in adult atopic dermatitis (AD) suggest that the tool has sufficient validity and feasibility to assess health-related quality of life in adults with AD in clinical practice. 994 adult patients with AD were assessed and all patients received standard care follow-up and treatment during the study, including emollients, prescription topical, systemic, or phototherapy. The study showed that PGH scores had good concurrent, convergent, and known groups validity, with no floor or ceiling effects observed. |

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| Internet-delivered cognitive behavior therapy for atopic dermatitis: a randomized clinical trial | JAMA Dermatology, Vol. 157, No. 7, pages 796-804. | July | A study to investigate the efficacy of internet-delivered cognitive behaviour therapy (CBT) for adults with atopic dermatitis (AD) found that it appears to be efficacious for reducing symptoms, despite requiring minimal therapist resources. A total of 102 participants were randomised in a 1:1 ratio to 12 weeks of therapist-guided internet-delivered CBT (n = 51) or a control condition (n = 51) that gave instructions about standard care. All participants were instructed to use emollients at least twice per day and after contact with water to protect the skin barrier. Participants were informed that emollients should be used regularly (i.e. also in the absence of AD symptoms). The primary analysis indicated that participants receiving internet-delivered CBT, relative to the controls, had a significantly larger mean weekly reduction in symptoms of AD as measured with the Patient-Oriented Eczema Measure (B = 0.32; 95%CI, 0.14-0.49; P < .001), with a moderate to large, controlled effect size after treatment (d = 0.75; 95%CI, 0.32-1.16). Secondary analyses indicated that internet-delivered CBT also produced significantly larger reductions in itch intensity, perceived stress, sleep problems, and depression. Gains were sustained at 12 months of follow-up and treatment satisfaction was high. |
| Topical therapy of atopic dermatitis with a focus on pimecrolimus | Journal of the European Academy of Dermatology & Venereology, Vol. 35, No. 7, pages 1505- 1518. | July | Article examines how the basic therapy for atopic dermatitis consists of emollient application and trigger avoidance, and when insufficient, topical corticosteroids (TCS) as a first-line treatment. However, it suggests that corticophobia/steroid aversion and TCS side-effects, particularly on sensitive skin areas, can lead to low compliance and insufficient disease control. It discusses how several long- and short-term randomised controlled and daily practice studies have demonstrated that topical calcineurin inhibitors, such as pimecrolimus, have similar anti-inflammatory effects to low-to-medium strength TCS, reduce pruritus and improve the quality of life of patients. The authors conclude that the safety and efficacy of pimecrolimus have been demonstrated in the treatment of flares and as a maintenance therapy in mild-to-moderate AD, particularly in sensitive skin areas such as the face, eyelids and skin folds. |

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| Limitations of using questionnaires for assessing the prevalence of psoriasis and atopic dermatitis among adults | JAMA Dermatology, Vol. 157, No. 8, pages 971-977. | August | Findings from a study to examine the test-retest accuracy of questionnaires for measuring psoriasis and atopic dermatitis (AD) prevalence in an adult population suggest that asking people about a history of psoriasis may be useful for assessing psoriasis prevalence, but a questionnaire does not appear to be a reliable method for assessing AD prevalence among adults. This cohort study of 2,333 participants who responded to a psoriasis questionnaire first in 2018 and again in 2020 found high agreement between their individual answers. However, the study found low agreement between the individual answers of 2,312 participants who responded to an AD questionnaire in 2018 and again in 2020. For psoriasis, prevalence changed from 7.8%to 8.0%; for AD, from 8.2%to 7.6%. Of participants who in 2018 reported dermatologist-diagnosed AD, 36.9% claimed in the 2020 questionnaire that they had never had AD. Analyses revealed substantial agreement for psoriasis responses across all age strata; for AD responses, the κ declined with increasing age, to 0.2613 for participants 65 or older. |
| Childhood atopic dermatitis is associated with a decreased chance of completing education later in life | Journal of the European Academy of Dermatology & Venereology, Vol. 35, No. 9, pages 1849- 1858. | September | A study in Denmark to compare the educational achievement of individuals with atopic dermatitis (AD) in childhood/adolescence and individuals without a history of AD found that patients diagnosed with AD in childhood have a decreased chance of completing education later in life, particularly for the severe cases of AD. Mild/moderate AD was associated with a decreased chance of completing basic compulsory education [hazard ratios (HR): 0.92, 95% CI: 0.90-0.95] and further academic education (HR: 0.96, 95% CI: 0.93-0.98). Severe AD was associated with a decreased chance of completing further academic education (HR: 0.86, 95% CI: 0.80-0.92), further vocational education (HR: 0.90, 95% CI: 0.84-0.97) and higher education: master's level (HR: 0.66, 95% CI: 0.53-0.81). |

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| NICE approves secukinumab for children with severe plaque psoriasis | Nursing in Practice, Online article, pages 1-2. | 9 September | Article shares news of NICE draft guidance which has been published recommending that secukinumab can be prescribed on the NHS for children and teens with severe plaque psoriasis, defined by a total psoriasis area and severity index (PASI) score of 10 or more. It is recommended in patients whose disease has failed to respond to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or who do not tolerate those treatments. It is suggested that evidence has shown that secukinumab provides similar or greater overall health benefits than ustekinumab, etanercept and adalimumab. |
| What your patient is thinking: Just another eczema case for you, but to me it's the world | The BMJ, Vol. 374, No. 8299, Article No. n1531, page 79. | 10 July | This case study shares a patient's experience of growing up with eczema and gives his personal view on how health professionals could have supported him better. He suggests that sharing details on the biology of eczema may help a patient accept and manage their condition. Also setting realistic expectations, such as explaining that creams won't work overnight, may help patients feel informed. He also discusses the importance of recognising that the impact of eczema is beyond just skin deep and how the psychological burden of this highly visible disease is profound. |
| Association between atopic dermatitis and headaches throughout childhood and adolescence - a longitudinal birth cohort study | Pediatric Dermatology, Vol. 38, No. 4, pages 780-786. | July/ August | A study suggests that children and adolescents with atopic dermatitis (AD), particularly those with sleep disturbances, atopic and mental health comorbidities, suffer increased headaches. Results showed AD was associated with headaches at age 5 (adjusted odds ratio [95% confidence interval]: 2.14 [1.27-3.59]), 9 (1.69 [1.27-2.27]) and 15 years (1.71 [1.37-2.14]). Also AD at age 9 was associated with higher odds of subsequent headaches at age 15 (1.36 [1.05-1.76]). In multivariable repeated measures logistic regression models, significant two-way interactions were found for AD with sleep disturbance (4.59 [3.15-6.69]), attention deficit (hyperactivity) disorder (2.85 [1.87-4.35]), asthma (2.87 [2.18-3.76]), anxiety (2.47 [1.76-3.48]) or depression (2.86 [1.89-4.34]) as predictors of headaches. |

