Dermatology Literary Review

July 2022 to September 2022

Title	Publication	Date	Overview
A topical emollient mitigates the progression of cognitive impairment in the elderly: a randomized, open-label pilot trial	Journal of the European Academy of Dermatology & Venereology, Vol. 36, No. 8, pages 1382-1388.	August	Results of a randomised, open-label pilot trial in China suggest that improvements in epidermal function with topical emollient can mitigate the progression of cognitive impairment. Over the three-year trial, the Global Deterioration Scale (GDS) - used to assess the severity of cognitive impairment - significantly increased from baseline ($P<0.0001$) in the controls, while in the treated group, GDS stabilised. While stratum corneum hydration on the forearms did not change significantly in the controls, transepidermal water loss rates significantly increased by the end of the trial compared to baselines in the controls ($P<0.0001$). On the forearms of the treated group, stratum corneum hydration increased ($P<0.0001$) while skin surface pH decreased from baseline ($P<0.0001$). Although the precise underlying mechanisms by which the topical emollient mitigated cognitive dysfunction are not clear, it is suggested that it is likely attributable to the alleviation of cutaneous inflammation.
Moisture-associated skin damage: a framework to guide decision making	British Journal of Nursing, Vol. 31, No. 15, Tissue Viability Supplement, pages s4-s6.	11 August	Article provides an overview of the TIME Clinical Decision Support Tool (CDST), designed to help clinicians guide their decision-making when managing moisture-associated skin damage (MASD). This evidence-based tool offers a structured approach which includes accurate assessment, measurement and diagnosis of the patient and their wound, and promotes holistic care through a multi-disciplinary team. It also discusses the control and treatment of systemic causes and deciding on the most appropriate treatment modality. For MASD management, the authors suggest it is preferable to use products with lipophilic properties - known as emollients. The authors explain the difference between moisturisers and emollients - with moisturiser products intended to add moisture to the skin, whereas emollients soften the tissue, making it more flexible.

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European guideline (EuroGuiDerm) on atopic eczema: part 1 - systemic therapy	Journal of the European Academy of Dermatology & Venereology, Vol. 36, No. 8, pages 1409-1431.	August	Article presents the first part of the EuroGuiDerm guideline which includes general information on its scope and purpose, the health questions covered, target users and a methods section. It shares stepped-care plans for the treatment of atopic eczema in adults and in children/ adolescents which starts with baseline therapy including emollients, stepping up to systemic therapies. It also provides recommendations and detailed information on each systemic drug. The systemic treatment options discussed in the guideline comprise conventional immunosuppressive drugs (azathioprine, ciclosporin, glucocorticosteroids, methotrexate and mycophenolate mofetil), biologics (dupilumab, lebrikizumab, nemolizumab, omalizumab and tralokinumab) and janus kinase inhibitors (abrocitinib, baricitinib and upadacitinib).
Care pathways in atopic dermatitis: a retrospective population-based cohort study	Journal of the European Academy of Dermatology & Venereology, Vol. 36, No. 9, pages 1456-1466.	September	Article shares the results of an observational study looking at longitudinal care pathways including health care management, treatment patterns and disease progression (by proxy measures) in patients with atopic dermatitis (AD). A total of 341,866 patients with AD were included in this study. It found that visits to primary and secondary care and dispensation of AD-indicated treatments were more common during the year in which managed AD care was initiated and decreased significantly thereafter. Topical corticosteroids (TCS) and emollients were the most frequently used treatments across all age cohorts, while systemic treatment was uncommon in all age cohorts. Among patients who initiated treatment with TCS, 18.2% escalated to TCS with higher potency following the start of managed AD care.
The multidimensional burden of atopic dermatitis among adults results from a large national survey	JAMA Dermatology, Vol. 158, No. 8, pages 887-892.	August	A survey study of 1,065 patients, found that skin disease severity and time spent managing symptoms were strongly associated with atopic dermatitis (AD) disease burden. No single aspect of the disease seemed to drive disease burden with the analysis highlighting that the disease burden of AD is multi-dimensional and associated with a variety of factors including itch and sleep disruption. The authors emphasise the need for more effective treatment strategies that reduce the time patients spend managing their AD.

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Atopic dermatitis leading to failure to thrive: a case report	Pediatric Dermatology, Vol. 39, No. 4, pages 594-597.	July/ August	Article shares the case of an infant with severe atopic dermatitis (AD) resulting in electrolyte and laboratory abnormalities that contributed to his failure to thrive. The patient underwent an extensive and prolonged work-up for his growth failure, which improved with adequate topical therapy (triamcinolone 0.1% ointment twice daily and frequent emollient application) and temporary nasogastric (NG) tube feeds. Importantly, the patient continued to gain weight after discontinuation of NG tube feeds, but with a continuation of the AD therapy outlined above. The report highlights the impact that severe AD may have on growth and development and reviews the genetic conditions that can result in a similar clinical presentation.
Dupilumab in children aged 6 months to younger than 6 years with uncontrolled atopic dermatitis: a randomised, double-blind, placebo-controlled, phase 3 trial	The Lancet, Vol. 400, No. 10356, pages 908-919.	17 September	A randomised, double-blind, placebo-controlled, parallel-group, phase 3 trial found that dupilumab significantly improved atopic dermatitis signs and symptoms versus placebo in children younger than 6 years. 162 patients were randomly assigned to receive dupilumab (n=83) or placebo (n=79) plus topical corticosteroids. At week 16, significantly more patients in the dupilumab group than in the placebo group had IGA 0–1 (23 [28%] vs three [4%], difference 24% [95% CI 13–34]; P<0·0001) and EASI-75 (44 [53%] vs eight [11%], difference 42% [95% CI 29–55]; P<0·0001). The trial found that dupilumab was well tolerated and showed an acceptable safety profile, similar to results in older children and adults.
Wound healing and assessment	Journal of the Dermatology Nurses' Association, Vol. 14, No. 5, pages 197-202.	September/ October	Article discusses how the process of wound healing follows a predictable sequence of events, with multiple factors, both intrinsic and extrinsic, affecting a wound's ability to progress through each stage of healing. When a wound does not progress through each sequence as expected, it becomes a chronic wound. It is suggested that understanding those factors along with the physiological process of wound healing is important in patient care. The authors recommend a holistic approach to assessing the wound, which will guide in the development of a plan of care.

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Associations of combined lifestyle and genetic risks with incident psoriasis: a prospective cohort study among UK Biobank participants of European ancestry	Journal of the Amercian Academy of Dermatology, Vol. 87, No. 2, pages 343-350.	August	A prospective cohort study (using data from the UK Biobank of 500,000 people aged 40-69 years) found that a healthy lifestyle is associated with a lower risk of developing psoriasis regardless of genetic predisposition. The results showed the joint effects of 4 modifiable risk factors, including smoking, body mass index (BMI), diet, and physical activity, on the risk of psoriasis. The results also verified the different degrees of impact among the 4 main risk factors for psoriasis from the homogeneous participants in the same cohort. Smoking was the strongest risk factor for the incidence of psoriasis, followed by BMI.
NICE recommends three additional treatments for atopic dermatitis	The BMJ, Vol. 378, No. 8344, page 44.	9 July	In final draft guidance NICE recommends abrocitinib, upadacitinib, and tralokinumab as options for moderate-to-severe atopic dermatitis (AD) in people aged ≥ 12 years if the disease hasn't responded to at least one systemic immunosuppressant or those drugs aren't suitable. Clinical trial evidence showed that the 3 drugs all reduced symptoms of AD when compared with placebo. Abrocitinib and upadacitinib were indirectly compared with ciclosporin, but the results were highly uncertain. All 3 were indirectly compared with dupilumab and baricitinib for use after systemic immunosuppressants. The results were also uncertain, but cost effectiveness estimates were within the acceptable range. NICE advises stopping treatment with abrocitinib, upadacitinib, or tralokinumab at 16 weeks if the AD hasn't responded adequately - defined as at least a 50% reduction in the the eczema area and severity index score (EASI-50) from the start of treatment and at least a 4 point reduction in the dermatology life quality index.
Efficacy and safety of baricitinib in combination with topical corticosteroids in patients with moderate-to-severe atopic dermatitis with inadequate response, intolerance or contraindication to ciclosporin	British Journal of Dermatology, Vol. 187, No. 3, pages 338-352.	September	Results from a double-blind, randomised, placebo-controlled, phase III study, found baricitinib 4mg + topical corticosteroids (TCS) improved the signs and symptoms of moderate-to-severe atopic dermatitis (AD) through 52 weeks of treatment in patients with inadequate response, intolerance or contraindication to ciclosporin A. Baricitinib 4mg + TCS was superior to placebo + TCS for EASI-75 (4mg: 32%, placebo: 17%, P=0.031) at week 16 and for improvements in itch, skin pain and number of night-time awakenings owing to itch. Improvements were maintained through 52 weeks of treatment. The safety profile was consistent with previous studies of baricitinib in moderate-to-severe AD.

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