

Dermatology Literary Review

October 2020 to December 2020

Title	Publication	Date	Overview
Selecting and applying emollients to manage dry skin conditions	Nursing Times Online, Vol. 116, No. 11, pages 38-40.	November	Article outlines the principles for using emollients and the correct procedure to follow when applying them. It discusses how regularly applying emollients is a fundamental aspect of care for patients with dry skin conditions, and choosing the most appropriate emollient is crucial to ensuring adherence to the prescribed regimen. The author suggests that although cost is an important consideration in all areas of healthcare, the prescribing of emollients should not only focus on this. They suggest that the best and most cost-effective emollient is the one the patient likes and will use as prescribed. Other factors to consider when prescribing an emollient are discussed including skin condition and severity of flare-ups, lifestyle factors and time of year. It also covers ensuring adequate quantities are prescribed - 600g per week for adults and 250-500g per week for children.
Hand hygiene during COVID-19: recommendations from the American Contact Dermatitis Society	Journal of the American Academy of Dermatology, Vol. 83, No. 6, pages 1730-1737.	December	Article discusses how the COVID-19 pandemic has resulted in increased hand hygiene and hand cleansing awareness. It provides an overview of the most frequently used hand hygiene products and their associations with contact dermatitis. It also shares recommendations on how to treat and prevent further dermatitis. These include using alcohol-based hand sanitisers that contain emollients or moisturisers with low allergenicity, and using moisturisers to prevent/treat xerosis and dermatitis - particularly ointments, which are considered the most moisturising. The article also discusses how moisturising ingredients include occlusive, humectant, emollient, and protein rejuvenators and how these all have a different purpose. For example, occlusives serve as a physical barrier to decrease transepidermal water loss. Emollients, on the other hand, are primarily lipids and oils that replenish the disrupted lipid outer membranes to prevent skin dehydration.

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Common rashes in the newborn	Dermatology in Practice, Vol. 26, No. 3, pages 65-68.	Autumn	This article aims to help enable health professionals (HCPs) to confidently diagnose and manage common rashes in the neonatal period - defined as the first four weeks of life. It discusses normal neonatal skin changes such as cutis marmorata and harlequin colour change, as well as harmless vesiculopustular rashes which are asymptomatic and do not require investigation or treatment. These rashes include erythema toxicum neonatorum, neonatal acne, miliaria and milia. Seborrhoeic dermatitis is also discussed, which is treated with simple emollients, and possibly topical steroids and miconazole. The authors suggest that infection should be considered in any child who is systemically unwell with a rash. As clinical signs may be subtle, they recommend HCPs have a low threshold for hospital assessment. Serious conditions discussed include herpes simplex virus, staphylococcus infections and 'Blueberry Muffin baby' - which describes a neonate presenting with widespread non-blanching violaceous papules, nodules and/or plaques.
Radiodermatitis: clinical summary of the ONS Guidelines™ for cancer treatment-related radiodermatitis	Clinical Journal of Oncology Nursing, Vol. 24, No. 6, pages 681-684.	December	Article summarises the Oncology Nursing Society (ONS) Guidelines™ to provide clinicians with evidence-based interventions to minimise and treat radiodermatitis. Radiodermatitis is one of the most common side effects of radiation therapy, with as many as 95% of patients experiencing some degree of skin change such as pain, itching and burning. It is recommended that to minimise or treat radiodermatitis, patients follow a standard washing and skincare regimen rather than topical nonsteroidal interventions. It is suggested that general emollient creams and lotions are used rather than speciality creams, lotions, and ointments that are marketed to use during radiation therapy. These speciality creams are often expensive, and when reviewed by the ONS Guidelines panel, were not found to have clear benefit for patients any more than standard skincare.

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Unmasking the true impact of eczema: a call to action for collaboration in the healthcare community	Dermatology in Practice, Vol. 26, No. 4, pages 109-110.	Winter	Article discusses the new 'Eczema Unmasked' report developed by the National Eczema Society which brings together findings from a major new survey of adults with eczema (530) and of parents of children with eczema (524) in the UK. It explores the impact of eczema on many aspects of a patient's life, with 89% of patients saying that eczema significantly reduces their quality of life; experiencing painful and variable physical symptoms, which are difficult to manage with current treatments. 74% of patients say eczema negatively impacts their mental health and how the unrelenting cycle of itchy and painful skin, and the wider impact on everyday life, can leave them feeling depressed or sad (76%), or anxious or nervous (79%). 39% of patients surveyed feel let down by HCPs about their treatment and 27% feel that they don't take their eczema seriously enough. There are concerns about waiting times for GP referrals to secondary care as 42% of adults with moderate, severe or very severe eczema say on the last occasion they were referred to a dermatologist, they waited over three months for an appointment, with 14% waiting for more than six. Also, nearly one-third (29%) say they often have difficulty obtaining emollients on an NHS prescription.
Measurement properties of the Patient-Reported Outcomes Information System (PROMIS) Itch Questionnaire: itch severity assessments in adults with atopic dermatitis	British Journal of Dermatology, Vol. 183, No. 5, pages 891-898.	November	Results from a study demonstrated that itch severity assessments - numeric rating scales (NRS), verbal rating scales (VRS) and frequency of itch items from the Patient-Reported Outcomes Information System (PROMIS) Itch Questionnaire (PIQ) - showed good validity, responsiveness, reliability and feasibility in the assessment of adult atopic dermatitis (AD). Self-administered questionnaires and skin examinations were performed in 410 patients with AD (aged 18-90 years) who received standard of care follow-up and treatment, including emollients, prescription topical therapy, systemic therapy and/or phototherapy, where appropriate. It is suggested that these instruments may be incorporated into the assessment of patients with AD, as they provide important information about the severity of AD symptoms that can guide therapeutic decision-making.

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Therapeutic management of adults with atopic dermatitis: comparison with psoriasis and chronic urticaria	Journal of the European Academy of Dermatology & Venereology, Vol. 34, No. 10, pages 2339-2345.	October	A study to compare the therapeutic management of adults with atopic dermatitis (AD) to those with psoriasis and chronic urticaria, found that AD treatment mostly relies on topical treatments. A high proportion (73%) of AD patients presented with a moderate-to-severe form of the disease compared to only 39% of chronic urticaria and 17% of psoriasis patients. Most AD patients (78%) had completed a therapeutic educational programme, while the adherence was lower in chronic urticaria (35%) and psoriasis (3%) patients. Only a minority (8%) of moderate-to-severe AD patients who were eligible for a systemic treatment received such therapy, whereas their use was reported in 26% and 47% of chronic urticaria and psoriasis patients, respectively.
Chronic leg ulcers and contact dermatitis	Dermatology in Practice, Vol. 26, No. 3, pages 65-68.	Autumn	Article discusses how allergic contact dermatitis (ACD) is reported to have a high incidence in patients with chronic leg ulcers (CLU) and impairs wound healing. It is thought this high incidence is due to CLU therapies, such as topical medications and occlusive dressings, which expose patients to various allergens. The gold standard test to diagnose ACD is patch testing to standard allergens, with a detailed review of potential exposures. Exudate management and avoidance of common allergens or irritants in wound care products is the mainstay of prevention of ACD and successful wound healing in patients with CLUs. Once ACD develops, treatments should aim to restore barrier function with liberal use of soap substitutes and emollients; and reduce inflammation with topical corticosteroid or immune response modifiers.
Efficacy and safety of baricitinib combined with topical corticosteroids for treatment of moderate-to-severe atopic dermatitis: a randomized clinical trial	JAMA Dermatology, Vol. 156, No.12, pages 1333-1343.	December	Results of a randomised clinical trial of 329 adults found that a dose of 4mg of baricitinib, in combination with background topical corticosteroid (TCS) therapy, significantly improved the signs and symptoms of moderate-to-severe atopic dermatitis (AD). At week 16, a validated Investigator Global Assessment for AD score of 0 (clear) or 1 (almost clear) was achieved by 31% of patients receiving 4mg of baricitinib with TCS therapy, compared with 15% receiving placebo with TCS therapy. Patients also applied emollients daily during the 14 days that preceded randomisation and throughout the study.

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