

# Dermatology Literary Review

October 2021 to December 2021

Title	Publication	Date	Overview
Using emollients to promote safe and effective skin care for patients	Nursing Standard, Vol. 36, No. 10, pages 77-82.	October	Article discusses the development of dry skin conditions and outlines the role of emollients in maintaining the skin barrier function. The author suggests that the role of emollients in the treatment of dry skin conditions is often underestimated, exploring how they promote optimal skin health and prevent skin breakdown, and how their use can improve patients' quality of life. The article also details optimal nursing practice in areas such as emollient prescribing and application and recommends that when advising patients on emollient use, nurses consider the challenges involved such as the extensive choice of products and the necessity of regular applications.
Position statement on the role of nurses in therapeutic patient education in atopic dermatitis	Journal of the European Academy of Dermatology & Venereology, Vol. 35, No. 11, pages 2143-2148	November	Article explores how therapeutic patient education (TPE) can enable patients with atopic dermatitis (AD), to self-manage their condition and support them in their empowerment process. It suggests TPE topics that are suitable to be covered by nurses include providing theoretical background on the itch-scratch cycle and on suitable therapies, e.g. skin care, types of emollients and cleansing. TPE can also include practical demonstrations of suitable products and modality of application including bath oils, emollients (including the amount of emollients per week), topical calcineurin inhibitors, topical corticosteroids and wet wrap bandages. Additional topics include distraction techniques against scratching, coping strategies, relaxation strategies and habit reversal techniques.
Psoriasis and COVID-19: a narrative view	Dermatology in Practice, Vol. 27, No. 4, pages 88-93.	Winter	Article reviews the evidence on COVID-19 in the context of psoriasis. It discusses risk factors for adverse COVID-19 outcomes, treatment-related risks and the impact of the COVID-19 pandemic on people with psoriasis. The authors suggest that it is currently unknown if psoriasis alone is a risk factor for poor COVID-19 outcomes. They say that akin to the general population, age and comorbidities are important risk factors of severe COVID-19 in people with psoriasis and existing data do not suggest that psoriasis treatment alters this risk.

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Tools to study the severity of itch in 8-to 17-year-old children: validation of TweenItchyQoL and ItchyQuant	Pediatric Dermatology, Vol. 38, No. 5, pages 1118-1126.	September/October	Article reports on the development and validation of TweenItchyQoL, a novel 35-item paediatric version of the ItchyQoL (a self-reported instrument for measuring quality of life (QoL) impact of chronic pruritis, previously validated in adults). This study also validates a pre-existing tool, ItchyQuant, a cartoon-annotated self-reported numeric rating scale for itch severity. In the study, TweenItchyQoL and ItchyQuant were administered to 175 children across three visits. Demographics and itch characteristics were recorded, along with itch severity and medication used. 50.9% of the children reported using over the counter emollients in addition to another class of medication and 72% reported using low-potency topical steroids in addition to another class of medication. In conclusion, the study demonstrates that TweenItchyQoL and ItchyQuant represent promising patient-reported outcome measures for 8-to 17-year-olds that can be used in clinical trials and epidemiological research. They suggest both are feasible, reliable (ICC = 0.71, 0.423, respectively), valid, and responsive with statistical significance to quantify severity and the QoL impact of itch older children.
What I tell my patients about... the impact of diet on skin disease	Dermatology in Practice, Vol. 27, No. 3, pages 72-74.	Autumn	Article examines how diet can play a role in the pathogenesis and management of various skin conditions, including atopic dermatitis (AD) and psoriasis. It suggests that there is a frequent misattribution of AD flares to food. It discusses how food allergies can coexist in patients with eczema and can be potential triggers, as well as influence AD severity. It is however suggested this would only be in a very small subset of patients. Such patients are more likely to have other associated symptoms like urticaria, bloody diarrhoea or angioedema, in combination with AD. With regards to psoriasis, the article reports on a two-fold higher risk of psoriasis in individuals with coeliac disease. However, the authors suggest that a gluten-free diet is not routinely advised in the management of psoriasis and that it is important to explain to patients that diet does not replace their medical treatment.

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Topical corticosteroid use for atopic dermatitis in the pediatric emergency department	Pediatric Dermatology, Vol. 38, No. 5, pages 1127-1131.	September/October	Results of a single-institution study found that most patients presenting to the paediatric emergency department (PED) for atopic dermatitis (AD) were either not prescribed a topical corticosteroid (TCS) or were prescribed a weak TCS. TCSs were not prescribed or recommended in 63/167 visits, and in an additional 46/167 visits, over-the-counter topical hydrocortisone was recommended. 61/104 of the recommended or prescribed TCSs were weak (Class 7). In addition, the study found that wet wrap therapy, which is often employed in cases of severe AD, was only documented in 1% of cases, highlighting a potential practice gap in the PED. Also, recommendations on emollient use were infrequently documented despite being a foundation of care for AD. Dermatology consultation was only requested in 14/167 visits and was associated with higher rates of TCS prescriptions (13/14 vs 91/153, $P = .018$ ), a higher mean class of TCS prescribed (5.9 vs 3.1, $P < .001$ ), higher prescription rates of systemic antibiotics (8/14 vs 10/153, $P < .001$ ), and higher recommendation rates for emollient usage (10/14 vs 46/153, $P = .005$ ). The authors conclude that the study highlights potential gaps in AD care in the PED and that educational efforts are needed to disseminate AD care principles to providers working in the PED.
Assessing and managing mental health issues in people with chronic skin conditions	Nursing Standard, Vol. 36, No. 10, pages 71-76.	October	Article explores how chronic skin conditions, such as atopic eczema and psoriasis, can have significant psychological effects on patients and may lead to mental health issues such as depression or anxiety disorders. It suggests that mental health issues can be a direct cause of a skin condition, a consequence of having a chronic skin condition, or a factor that influences the development and course of a skin condition. The authors discuss the role of nurses in assessing, managing and supporting patients with these comorbidities. They suggest that having the ability to clearly communicate the associations between mental health, stress, and the development and course of skin conditions remains an important aspect of patient education and can inform approaches to improve condition self-management.

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Acute generalized pustular psoriasis exacerbated by the COVID-19 vaccine	JAAD Case Reports, Vol. 17, pages 1-3.	November	Article discusses what is believed to be the first case of acute generalised pustular psoriasis (AGPP) following the COVID-19 vaccine. The patient had pre-existing psoriasis which had been present for years, with minimally symptomatic transient plaques managed with emollients. They developed an acute, rapidly progressive skin eruption five days after receiving the Pfizer vaccine. He then went on to develop significantly more surface area involvement of rash with worsening malaise and presented to the emergency department. A week later, in the dermatology department, he was ill-appearing with chills, malaise, decreased oral intake for several days, and diffuse erythematous patches studded with fine pustules involving his trunk, arms and legs. Two skin biopsies were performed, which showed psoriasiform dermatitis with intraepidermal neutrophilic pustules, supporting the clinical diagnosis of AGPP. The authors conclude that the close temporal relationship between vaccination and the onset of AGPP in this patient suggests a causal role. However, it is suggested that the mechanisms responsible for the exacerbation of AGPP after COVID-19 mRNA vaccination are not yet understood.
Association between atopic dermatitis and height, body mass index, and weight in children	JAMA Dermatology, Online article, pages e1-e7.	17 November	A cohort study found that atopic dermatitis (AD) was associated with lower height and higher BMI but these associations were small, attenuated with age and resolved by adolescence. 10,611 children were included in the analysis, and a total of 1,834 (17.3%) children had AD during follow-up. AD was associated with lower length-for-age z score ( $-0.13$ ; 95%CI, $-0.17$ to $-0.09$ ; $P < .001$ ), higher BMI z score ( $0.05$ ; 95%CI, $0.01$ to $0.09$ ; $P = .008$ ), and lower weight-for-age z score ( $-0.07$ ; 95%CI, $-0.10$ to $-0.04$ ; $P < .001$ ) compared with children without AD. The associations between AD and height and BMI changed with age, diminishing by age 14 years and 5.5 years, respectively. Based on World Health Organization growth tables, children with AD were on average 0.5cm shorter with 0.2 more BMI units at age 2 years and 0.6cm shorter with no difference in BMI at age 5 years than children without AD after adjusting for covariates.

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