

Dermatology Literary Review

July to September 2019

Title	Publication	Date	Overview
Emollient therapy in atopic dermatitis	Dermatology in Practice, Vol. 25, No.3, pages 74-78.	Autumn	Article discusses emollient therapy and the guidance published, including that by the BNF and NICE, which recommend the use of complete emollient therapy in the treatment of atopic dermatitis (AD). It explores the different emollient formulations available and focuses on the benefits of emollients including reducing the number of AD flare-ups and increasing the duration of time between each flare-up. It discusses how emollients restore the barrier function of the skin, increase levels of hydration to the stratum corneum, reduce itch and soothe the skin. It also suggests that emollients are steroid sparing and that emollient therapy from birth has been shown to prevent AD. The author concludes by saying that emollients are well tolerated, effective at treating the symptoms and cost-effective. They suggest patients should be given a choice between the emollients to discover the ones that work for them as this improves concordance and overall effectiveness.
Atopic dermatitis – the impact on quality of life and economic burden	Dermatology in Practice, Vol. 25, No.2, pages 50-53.	Summer	This article on atopic dermatitis (AD) suggests that itch, sleep deprivation and social embarrassment due to visible lesions, have substantial effects on the psychosocial well-being of patients. It examines treatment options and discusses research conducted to see whether using emollients to enhance a defective skin barrier early in life may prevent or delay the onset of AD. Two randomised controlled trials (RCT) found that daily full-body emollient therapy virtually from birth in high-risk children reduced the cumulative incidence of AD by 30-50% during the first year of life. A large-scale RCT of more than 1,300 infants comparing daily emollients versus standard skincare advice is currently underway. Studies also suggest that the major economic hardships and quality of life impact in AD are due to effects on sleep patterns, personal and work relationships and overall confidence.

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What I tell my patients about seborrhoeic dermatitis in adults	Dermatology in Practice, Vol. 25, No.2, pages 42-43.	Summer	Article explores seborrhoeic dermatitis, which affects the skin of the face, scalp, ears, presternal and interscapular areas. It discusses treatment options including weak steroid/anti-yeast combination creams, azoles, hydrocortisone and non-steroid anti-inflammatory agents. It also suggests that if scaling is a problem, avoiding detergents, soap and shower gels and using an emollient in their place can help.
Management of a neonate with diffuse cutaneous mastocytosis: case report and literature review	Pediatric Dermatology Vol. 36, No. 4, pages 486-489.	July/ August	This report describes the management of a neonate who presented with large, tense blisters on both hands that appeared overnight. The diagnosis was diffuse cutaneous mastocytosis caused by a rare activating KIT mutation. The article discusses how there is no cure for mastocytosis. Considerations for management include avoidance of triggers, which may include medications, foods, temperature changes and dry skin, as well as treatment targeting mastcell mediators. It is suggested that lukewarm baths, use of emollients, and avoidance of rubbing of skin may prevent flares of symptoms.
Anatomical site differences of sodium lauryl sulfate-induced irritation: randomized controlled trial	British Journal of Dermatology, Vol. 79, No. 6, pages 175-185.	July	Article shares the results from a trial to investigate the existence of anatomical variations of the skin response to irritation. In the trial irritation was induced with sodium lauryl sulfate (SLS) on symmetrical sites on both forearms and sides of the upper back, with additional sites exposed to water as controls. Half of the sites were treated with emollient cream while the other half were left untreated. The results showed that skin susceptibility to irritation was dependent on anatomical location, with a significantly stronger reaction on the back in comparison with the forearms. Skin recovery rates were also influenced by anatomical location with the upper back showing faster recovery. In the trial, treatment did not lead to improvement in measured parameters, regardless of anatomical location.

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Efficacy and patient opinion of wet-wrap dressings using 0.1% triamcinolone acetonide ointment vs cream in the treatment of pediatric atopic dermatitis: A randomized split-body control study	Pediatric Dermatology Vol. 36, No. 4, pages 437-441.	July/ August	A study to compare the efficacy of 0.1% triamcinolone acetonide ointment vs cream used with wet wraps in paediatric patients with atopic dermatitis (AD) found no difference between the two vehicles. Patients were instructed to apply the topical steroid cream to one extremity and apply the same topical steroid in an ointment vehicle to the other extremity using the wet-wrap technique once or twice daily for 3 to 5 consecutive days. The authors suggest that whilst wet wraps have been used in the treatment of AD for years (and can range from wet dressings alone to those that include emollients and/or topical corticosteroids), little research has been done regarding wet wrap comparable efficacy with different topical steroid vehicles. Following this study they suggest that patient preference of corticosteroid vehicle is what should ultimately drive treatment.
Comparison of methods to estimate the affected body surface area and the dosage of topical treatments in psoriasis and atopic dermatitis: the advantage of a picture-based tool	Journal of the European Academy of Dermatology & Venereology, Vol. 33, No. 9, pages 1726-1732.	September	Article shares the results of a study to compare different methods used to estimate the affected body surface area (BSA) and dosage of topical treatments in atopic dermatitis and psoriasis. The reliability of three different methods: i) the fingertip unit calculated by the 1% hand rule; ii) a picture-based tool (termed Cutaneous Inflammatory Disease Extent Score); and iii) a digital drawing tool were compared. The authors concluded that this validation study shows that a picture guided tool outperforms the current gold standard (fingertip unit based on the rule of hands) in terms of inter-rater reliability and user friendliness. Given these superior characteristics, it is suggested that this instrument can be used to calculate the affected BSA in inflammatory skin disorders and will be integrated in a new digital tool to determine the dosage of topical treatments.

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Itch: an under recognised problem in psoriasis	Journal of the European Academy of Dermatology & Venereology, Vol. 33, No. 8, pages 1465–1476.	August	Article suggests that itch has often been underappreciated and overlooked in psoriasis, despite increasing evidence that itch can be one of the most prevalent and burdensome symptoms associated with psoriasis, affecting almost every patient to some degree. The article takes a closer look at this debilitating symptom, reviewing the available epidemiology data for psoriatic itch and presenting the current understanding of psoriatic itch pathophysiology. It also highlights important clinical data for various treatment options for itch. Practical considerations for increasing the recognition of itch, as well as improving its management in psoriasis, are also provided.
Risankizumab compared with adalimumab in patients with moderate-to-severe plaque psoriasis (IMMvent): a randomised, double-blind, active-comparator-controlled phase 3 trial	The Lancet, Vol. 394, No. 10198, pages 576-586.	17 August	Results from a randomised, double-blind, active-comparator-controlled phase 3 trial found that risankizumab showed significantly greater efficacy than adalimumab in providing skin clearance in patients with moderate-to-severe plaque psoriasis. At week 16, PASI 90 was achieved in 72% of 301 patients given risankizumab and 47% of 304 patients given adalimumab. Static Physician's Global Assessment (sPGA) scores of 0 or 1 were achieved in 84% patients given risankizumab and 60% patients given adalimumab. The safety profile of risankizumab was similar to that of adalimumab, with no new safety findings.
Burden of illness in adults with atopic dermatitis: analysis of National Health and Wellness Survey data from France, Germany, Italy, Spain, and the United Kingdom	Journal of the American Association of Dermatology, Vol. 81, No. 1, pages 187-195.	July	A European study found that adult patients with atopic dermatitis (AD) reported a significant burden on health, health related quality of life, productivity, activities, and health care. Patients with AD (and a subset of patients with inadequately controlled AD [IC-AD]), versus controls without AD, reported significantly higher prevalence of anxiety (31.9% and 51.7% vs 14.4% respectively), depression (25.8% and 36.2% vs 12.9%), and sleep disorder (22.7% and 39.7% vs 12.6%). Patients with IC-AD versus controls without AD reported significantly greater overall work (57.1% vs 23.7%) and activity impairment (51.7% vs 26.5%).

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