

Dermatology Literary Review

October to December 2019

Title	Publication	Date	Overview
Which emollients are effective and acceptable for eczema in children?	The BMJ, Vol. 367, No.8221, pages 241-244.	9 November	Article discusses emollient use for children with eczema. It explores the advantages and disadvantages of different formulations available and concludes that based on current evidence, the 'best' emollient is the one that the individual prefers after a period of testing. It discusses how effectiveness and acceptability of emollients varies according to disease severity, body site, climate, container, and patient or carer preferences and beliefs. The article also examines research into emollient effectiveness, including a Cochrane Review (77 trials, 6,603 participants) which noted beneficial effects with use of most emollients for eczema in prolonging time to flare, reducing the number of flares and the need for topical corticosteroids. However, the evidence on whether some moisturisers or their ingredients were better than others was inconclusive. The article also describes the BEE (best emollients for eczema) study which is currently underway (and will report in 2021). This trial will compare different leave-on emollients in children with eczema.
Assessing and managing patients with leg ulceration and oedema	British Journal of Nursing, Vol. 28, No. 20, pages 1282-1287.	14 November	Article discusses the causes, assessment and management of leg ulcers. It discusses how wound-bed preparation and dressing are vital components of wound management as ulcers are often characterised by moderate to severe levels of exudate and sloughy wound beds. Exudate causes maceration and further skin damage, and slough can harbour infection-producing bacteria, which prevents normal wound healing. It suggests that regular good hygiene, involving cleansing of both the wound and the surrounding skin, will remove any debris and maintain a healthy periwound area. It also suggests that emollients are an important aspect of promoting skin health and reducing the risk of loss of integrity, and should be applied twice daily following bathing.

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Infection control 6: hand hygiene using soap and water	Nursing Times, Vol. 115, No. 11, pages 37-38.	November	Article briefly explains the importance of hand hygiene for healthcare professionals, when it should be performed and which cleansing agent to use. It outlines the procedure for decontaminating the hands using soap and water and suggests ways of reducing the risk of work-related dermatitis. This includes thoroughly rinsing off residual soap/cleanser and ensuring hands are thoroughly dry before continuing work. The article also suggests that staff should have access to emollients, which should be applied before a shift, during breaks and after a shift. It recommends that emollients are applied all over the hands, including between the fingers and on the back of the hand.
Burden of itch in ichthyosis: a multicentre study in 94 patients	Journal of the European Academy of Dermatology & Venereology, Vol. 33, No. 11, pages 2095–2100.	November	A study of 94 patients with ichthyosis found that itch occurred in 93% of patients and is a major concern, with significant impact on daily life. The article suggests that treatment of pruritus in ichthyosis is mainly symptomatic, as a specific cure is not at hand. Topical skin care, using emollients, remains the basis of treatment. Antihistamines, oral retinoids or other systemic therapies (e.g. antidepressants) can be tried in persistent pruritus, although they usually have little or no effect.
Topical applications of an emollient reduce circulating pro-inflammatory cytokine levels in chronically aged humans: a pilot clinical study	Journal of the European Academy of Dermatology & Venereology, Vol. 33, No. 11, pages 2197–2201.	November	Results from a pilot study showed that a physiologic lipid-containing emollient (known to improve epidermal function in humans) normalised circulating levels of key pro-inflammatory cytokines, closely associated with the development of chronic diseases in otherwise normal aged humans. Thirty-three aged humans were topically treated twice-daily for 30 days, with 3ml of the emollient, while untreated aged humans and a cohort of young volunteers served as controls. The emollient significantly enhanced epidermal permeability barrier function ($P < 0.01$) and stratum corneum hydration ($P < 0.05$). The authors suggest that the clinical significance of these results needs to be addressed in a larger clinical trial.

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Importance of out-of-pocket costs for adult patients with atopic dermatitis in France	Journal of the European Academy of Dermatology & Venereology, Vol. 33, No. 10, pages 1921-1927.	October	Article shares the results of a study measuring the medical and non-medical expenses paid by patients with atopic dermatitis (AD) in France. It found that emollients were the most commonly used product, followed by hygiene products and sun protection. The use of an emollient during the past 12 months was declared by 93% of patients with severe AD. 82.5% of patients with moderate AD relied on emollients, as did 40.9% of patients with mild AD. The average out-of-pocket cost of using emollients was €151.40 over 12 months. The authors suggest that whilst these products are often considered comfort care, they remain essential to the patients for dealing with a flare-up of the disease.
Risk of serious infection in patients receiving systemic medications for the treatment of psoriasis	JAMA Dermatology, Vol. 155, No. 10, pages 1142-1152.	October	A study has found significant differences in the risk of serious infection across different systemic treatments for psoriasis. This comparative cohort study of 107,707 patients found a decreased risk of serious infection among users of apremilast, etanercept, and ustekinumab when compared with methotrexate. The authors suggest these findings should be considered when prescribing therapies for individual patients, as well as future treatment algorithms.
Factors associated with patient-reported importance of skin clearance among adults with psoriasis and atopic dermatitis	Journal of the American Association of Dermatology, Vol. 81, No. 4, pages 943-949.	October	A study of almost 8,000 adult patients found that those with atopic dermatitis (AD) reported significantly greater importance of almost complete or complete skin clearance compared with patients with psoriasis. For both patient groups, almost complete was more important than complete skin clearance. Increasing disease severity, itch and skin pain were significantly associated with perceived importance of skin clearance for patients with both diseases. AD and psoriasis located on the face or neck, and psoriasis located on the palms, soles, or genitals were significantly associated with patient-perceived importance of almost complete skin clearance.

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The effects of ageing on female genital and sexual health	British Journal of Nursing, Vol. 28, No. 18, pages 1192-1195.	10 October	Article explores vulval skin conditions in older women and suggests that the prevalence is likely to be underestimated, as many women delay seeking medical advice and self-treat because of embarrassment or concerns about a possible infectious or malignant cause for their condition. Vulval skin conditions discussed in the article include vulval eczema and vulval psoriasis and symptoms include itching, soreness and burning. Self-treatment often involves buying over-the-counter treatments or products marketed for women's health, such as wipes, washes, antifungal products, barrier and continence products, which have the potential to cause more irritation to an undiagnosed vulval skin condition.
Atopic dermatitis made easy: The Schachner Ladder	Pediatric Dermatology, Vol. 36, No. 6, pages 1017-1018.	November/December	Article highlights the art and practice of treating atopic dermatitis based upon a foundation of maintenance care and a ladder of therapy. The Schachner Ladder is based upon routine twice daily emollient use alongside topical corticosteroids - starting with the most potent topical corticosteroid needed and tapering down every 3-5 days as tolerated by the patient.
Undertaking a person-centred assessment of patients with chronic wounds	Nursing Standard, Vol. 34, No. 10, pages 77-82.	October	Article discusses how although most wounds progress through the four phases of healing, factors such as clotting disorders or infections can adversely affect the wound at each stage, thus delaying healing. It suggests that delays in the proliferative phase can be caused by infection and if the wound environment is too moist, maceration occurs and tissue is destroyed rather than being produced. Conversely, if the wound bed is too dry, cells cannot migrate easily across the wound and the development of new granulation tissue is delayed. Although the nurse may no longer be involved in the direct care of the wound at the maturation stage, the patient may still require advice about ongoing self-management, e.g. how skin dryness can cause itching and result in the patient scratching the freshly closed wound causing tissue breakdown.

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