Most physicians know that successful treatment approaches for atopic dermatitis often depend as much on compliance with therapy as they do on the specific treatment(s) selected. Identifying the most appropriate treatment regimen that a patient is most likely to administer as directed is the ultimate goal—one that sometimes proves difficult. Speaking at the summer meeting of the American Academy of Dermatology in Boston, Lawrence Eichenfield, MD, Chief of Pediatric and Adolescent Dermatology at Rady Children’s Hospital and Health Center and Professor of Pediatrics and Dermatology at University of California, San Diego, offered practical advice on treatment selection and optimal regimens and provided insights on the latest research in the treatment and management of AD.

The Rundown

Dr. Eichenfield noted developments regarding three popular types of treatment. Recent research suggests that novel regimens may provide greater convenience for patients while maintaining good efficacy.

Topical Corticosteroids. Topical corticosteroids have been and remain a mainstay of AD treatment. They are likely so commonly used because there are many ways they can be administered, he says. “For example, some dermatologists use very strong doses in the initial management, whereas others take the approach of using the least amount necessary to yield the desired results,” Dr. Eichenfield observed in an interview last month. Both approaches can be beneficial, but their effects are often very different. Among recent published data, Dr. Eichenfield pointed out an evidence-based review indicating that less frequent application of corticosteroids may be comparable to common application patterns. “The study reviewed 11 randomized controlled trials and found no evidence for better efficacy of twice vs. once daily application of established corticosteroids,” he says.

Again, he points out, compliance to regimens of care have a huge impact on patient outcome. “Compliance greatly impacts the ability of a drug to modulate the disease and provide reasonable consistent results,” Dr. Eichenfield suggests. For many patients, once-a-day application may be more convenient. This recent analysis suggests that less frequent corticosteroid use may have about the same efficacy as more frequent use, and that simplified regimens of care may be useful and effective.

TCIs. According to Dr. Eichenfield, “Topical calcineurin inhibitors can play an integral role in care, because they have shown to keep eczema well under control with relatively infrequent application.” Given the importance of compliance, Dr. Eichenfield suggests that TCIs can be a good addition to many treatment regimens, especially in more severe active flares. Recent studies have shown excellent long-term...
disease control with low-frequency, once-a-day, two
days-a-week or three days-a-week topical application
of tacrolimus ointment (Protopic, Astellas).2,3

**Barrier Repair Creams.** One of the newer areas of exploration in AD are prescription barrier repair creams. Dr. Eichenfield notes that emerging data has sparked great interest in barrier maintenance. Although published clinical data on barrier repair products is still limited, the amassing evidence of underlying genetic defects impacting on epidermal barrier dysfunction has fueled interest in using agents to improve the physical deficiencies.4,7 “What they have found is that there may be a fundamental problem in the barrier function of those with atopic dermatitis,” he explains. Therefore, it makes sense to focus therapy in part on improving skin barrier dysfunction.

“Traditional moisturizers play a role in this, as do a number of prescription products that have been specifically formulated to repair barrier function and replace elements of the skin that may be missing,” observes Dr. Eichenfield. These include EpiCeram (Promius), Mimyx (Stiefel), Atopiclair (Graceway), Ceratopic (SkinMedica), Cerave (Coria) and others, which have been shown in some studies to spare the use of topical corticosteroids or TCIs, and to decrease the frequency of flares, among other effects. In one study, barrier repair creams were shown to have significant anti-inflammatory effects as well, Dr. Eichenfield points out.

According to Dr. Eichenfield, revitalized focus on barrier function is a potentially exciting development in the realm of AD treatments that may result in more powerful agents in years to come. But he nevertheless argues that there is a broad set of very effective agents on the market now, which may be instrumental in AD treatment and management.

Dr. Eichenfield has served as a clinical investigator or consultant for Astellas, GAldema, Graceway, Hill, Johnson & Johnson, Medicis, Stiefel, and SkinMedica.