Make Plans for Atopic Dermatitis Awareness Month

New directions in treatment and education will optimize management and ensure brighter futures for eczema patients.

BY TED PIGEON, SENIOR ASSOCIATE EDITOR

Atopic dermatitis, or eczema (as it is most commonly known), is among the more prevalent dermatologic conditions, particularly for pediatric patients. As the incidence of atopic dermatitis (AD) continues to rise, the need for effective treatments and education strategies is imperative. Next month is National Atopic Dermatitis Awareness Month, marking an opportunity for both patients and clinicians to become more involved in spreading the word about eczema and ensuring that all patients receive adequate treatment.

THE STATE OF CARE
While clinicians continue to learn about eczema and improve treatments for it, Peter Lio, MD, Assistant Professor of Clinical Dermatology and Pediatrics at Northwestern University Feinberg School of Medicine, notes that, “By and large, eczema care has been relatively static for the past decade.” Although this can be dispiriting in the face of rapid advances in other skin diseases such as psoriasis, Dr. Lio remains hopeful that the next several years will bring much-needed innovation.

On the research front, Dr. Lio reports that hundreds of impactful studies have been published in the past year. One particularly promising direction is the concept of proactive treatment (which Dr. Lio discusses in this month’s Clinical Focus department, on page 41). “This is an idea that is still rather new to many health care practitioners treating eczema, that patients with more severe eczema can apply a low potency cortisone cream or a non-cortisone immunomodulator to the skin twice weekly when the skin is calm, to actually prevent flare-ups.” It is, he says, a relatively simple, inexpensive approach to treating eczema that can be quite powerful.

Another area of recent advancement is barrier repair. “Dr. Eric Simpson in Portland is doing some very exciting work looking at protecting the skin barrier by using moisturizers from an early age in patients with a strong family history of eczema or allergies,” says Dr. Lio. His initial work suggests that this may actually prevent the development of atopic dermatitis, according to Dr. Lio. “In this same vein, there is growing support for a hypothesis that some food allergies may actually occur via the damaged skin barrier, suggesting that Dr. Simpson’s method may turn out to prevent food allergies as well as eczema,” Dr. Lio explains.

Also representing a potentially vital new direction in research is filaggrin, a protein that helps both keep the barrier of the skin strong and helps to pull water into the skin as a part of natural moisturizing factor, according to Dr. Lio. “It was recently found that this protein is missing in some eczema patients due to a gene defect, which can explain their dry, sensitive skin,” Dr. Lio explains. “Interestingly, however, another recent study showed that even in patients with normal filaggrin genes, in the setting of inflammation, filaggrin production drops drastically.” This could mean that even those who have normal filaggrin genes can suffer when the skin is irritated and inflamed, and that protecting and strengthening the skin barrier is perhaps the most important part of eczema therapy and prevention.

As for what may lie ahead in the realm of research and treatment, Dr. Lio retains hope that those with more severe AD may soon have more options. “I am interested in the promise of the newer ‘biologic’ agents (antibodies directed to inflammatory proteins in the body) for most severe patients, who suffer greatly and have few safe options available,” says Dr. Lio. While much has yet to be learned about
these agents, Dr. Lio stresses that they may be safer and more powerful than existing therapies.

Although the increased activity on the research front is encouraging, adherence remains an equally essential component of sustaining effective care for patients. “Adherence is a critical issue for many patients, as our regimens are often messy, time-consuming, and sometimes seemingly not helpful at the start,” says Dr. Lio. Rapport and trust make the difference regarding adherence, but he also stresses that building these takes time and energy from the clinician. “Being fully present during the visit and addressing the concerns, making follow up phone calls, seeing patients back quickly when they are having flares, and embracing the fact that things like wet wraps and bleach baths sound crazy to the uninitiated, all help a great deal in this regard,” he notes. “I often describe what I do as ‘cheerleading’ after the initial plan has been set. Once we have created a plan to help, the key is being sure the patient and family are motivated to follow through, even during the darkest times,” explains Dr. Lio. Often, if the patient sees big improvement initially, s/he becomes empowered and realizes that he or she can actually control the eczema. Dr. Lio also recommends creating an “Eczema Action Plan” that outlines just what to do when the patients are flaring up, when they are better, and to maintain. “My patients seem to really appreciate this and start to feel empowered from the moment they get the plan; finally, they can see the ‘big picture,’ and that, in and of itself, is reassuring.”

ADVOCACY EFFORTS
Clinicians play a most important role in securing optimal treatment for patients, but education on a broader scale goes beyond the clinic. For this, the National Eczema Association (NEA) fills an important need. “The rising presence of the National Eczema Association is a beacon for patients and families to self-educate and become empowered to find practitioners who are cutting edge with eczema care,” says Dr. Lio. According to Julie Block, President & CEO of the NEA, there are a number of ways that clinicians may connect their patients with all NEA resources. These include the Skin Advocate App, which provides all the necessary contact information to refer patients to the NEA; educational brochures; an online support community (community.nationaleczema.org); the NEA Patient Conference; the “Itching for a Cure” Walk; and more. Patients can learn more at nationaleczema.org and connect with NEA on Facebook, as well. Other ways physicians can help include distributing NEA brochures and other NEA educational materials or being a guest speaker at a local NEA Support Group meeting. For other ways to contribute, Ms. Block recommends reaching out to the NEA, which can provide guidance.

The NEA is also active on the legislative front, according to Ms. Block. In addition to the NEA each year advocating for increased research funding for the National Institutes of Health (NIH), one of the issues of recent concern to the NEA is eczema and smallpox. “People with AD are at a higher risk of serious adverse side effects from the currently licensed smallpox vaccine, ACAM2000. These risks led NEA to recommend that individuals with AD not participate in the US government’s 2003 civilian smallpox vaccination program,” says Ms. Block. “Given our historical concern regarding the potential complications of replicating vaccines, NEA was pleased to learn that the government recently expanded the population eligible to receive the attenuated smallpox vaccine, IMVAMUNE, during an emergency. It is our understanding that in the event of a public health emergency involving smallpox, the government may now authorize the use of IMVAMUNE to protect individuals of all ages with AD, including children, pregnant women, and nursing mothers,” Ms. Block explains. Previously, only certain people with HIV were eligible. However, according to Ms. Block, if the US government does not commit to replenishing expiring doses, the amount of attenuated smallpox vaccine in the stockpile will dwindle, potentially leaving individuals with AD at risk.

A NEW ROAD TO SUCCESSFUL CARE
The future of eczema care and awareness likely hinges on efforts that combine the growing arsenal of clinical and advocacy resources. For instance, the NEA Seal of Acceptance Program helps patients choose products that are suitable for care of eczema or sensitive skin. According to Ms. Block, it represents a potential pathway for physicians and patients to connect treatment and education. Dr. Lio agrees that successful interventions may depend on devising creative ways to converge the two while promoting adherence. “Using innovative methods to convey complex treatment regimens, such as videos to educate, Eczema Action Plans to guide patients at home, and technology like text messaging and Smartphone apps to facilitate treatment will all play an important role in the near future,” Dr. Lio explains. Coupled with advancements in research and drug development, these efforts may promise a better future for those with eczema. “I am hopeful that scientists and drug companies will find new and better treatments for eczema that not only help but do so safely, as our understanding of the disease continues to improve,” says Dr. Lio.

For more information about the National Eczema Association, visit www.nationaleczema.org.