

CUTANEA INTRODUCES AKTIPAK GEL, 3%/5% ACNE TREATMENT FOR “ON-THE-GO” PATIENTS

Cutanea Life Sciences, Inc., introduced Aktipak (erythromycin and benzoyl peroxide) Gel, 3%/5%, a combination therapy indicated for the topical treatment of acne vulgaris. The product is available through dermatologists’ offices. Aktipak is a portable, freshly mixed, patient-blended therapy that offers a flexible and convenient treatment option for active, “on-the-go” acne patients, according to the company. The product comes in pocket-sized, single-dose, dual-chamber pouches (60 to a carton), each of which contain the antibiotic erythromycin and the antibacterial benzoyl peroxide in separate chambers. The patient opens the pouch and blends the gel contents immediately prior to use, enabling simple, convenient application with no mixing needed in the pharmacy. Aktipak has an 18-month shelf life from the date of manufacture, and no refrigeration is required. The 1.5” x 2.5” pouches tuck easily and discreetly into purses, gym bags, and backpacks. aktipak.com

CLARISONIC INTRODUCES THE SMART PROFILE UPLIFT

Clarisonic rolled out a new at-home device, the Smart Profile Uplift. This 2-in-1 skincare device combines Clarisonic’s cleansing with a new firming massage head. In clinical testing performed by the company, 12 weeks of twice daily use of Smart Profile Uplift with a placebo cream (without anti-aging actives) showed visible improvement of 15 signs of aging, especially wrinkles, firmness, and radiance. Smart Profile Uplift also boosts the absorption of daily skincare. The Smart Profile Uplift set retails for \$349 and is available now at Clarisonic.com and through skincare professionals and will launch in mid-March at Sephora.com. Existing Smart Profile device owners can purchase the Firming Massage Head separately for \$54. clarisonic.com



NEW FROM SKINCEUTICALS: H.A. INTENSIFIER

SkinCeuticals has introduced H.A. Intensifier, a corrective hyaluronic acid serum. Key ingredients include: 10% Proxylane, a proprietary ingredient, to support hyaluronic acid levels and help maintain the integrity of the skin’s matrix, for improved firmness; 2.0% Dipotassium Glycyrrhizate + 0.2% Purple Rice Extract, to help preserve hyaluronic acid content in skin; and three types of hyaluronic acid – full molecular weight, fragmented, and encapsulated chains. Testing of the serum including a hyaluronic acid content analysis, independent clinical trial, photographic imaging, and 3D visualization showed that it provides: +30 percent increase in skin’s hyaluronic acid levels, 11 percent improvement in skin’s firmness, +17 percent improvement in skin’s texture, 23 percent improvement in skin plumpness, and visible improvements in the appearance of marionette lines, nasolabial folds, and crow’s feet. H.A. Intensifier can be paired with an antioxidant, sunscreen, and other moisturizers in the SkinCeuticals Corrective portfolio. SkinCeuticals.com



NEW EPIONCE TINTED SPF

Epionce launched a new SPF—the Epionce Daily Shield Lotion Tinted SPF 50. This tinted lotion provides broad spectrum protection while smoothing skin tone and texture, even on sensitive and allergy prone skin. Ultra Shield features a water resistant formula that withstands up to 80 minutes of moisture exposure and features active ingredients including Titanium Dioxide and Zinc Oxide. Additional key benefits include botanical ingredients that provide anti-inflammatory, anti-oxidant, and conditioning properties, increasing the moisture content of skin. The see-through protection works on all skin tones and can be worn alone or under makeup. Daily Shield will be available at dermatologist offices and the company’s website. Epionce.com



Therapeutic Focus: Atopic Dermatitis

NEW RESEARCH CLOSES IN ON PERSONALIZED AD THERAPY

New research on skin lipids may pave the way toward personalized therapies for atopic dermatitis. Researchers can now identify the precise lipids found in the skin of people who have atopic dermatitis, and compare them to people

with healthy skin. A type of tape can pull some lipids off a person’s skin; allow testing of them with the use of a mass spectrometer; and have the results compared to the skin lipid profiles of generally healthy patients.

With this information, researchers may be able to determine what lipids are deficient and develop topical compounds to

replace them — either individually, or with compounds that could aid groups of people who share similar lipid profiles.

“This has the potential to remove any guess work that might have existed in the past regarding the correct combination of lipids required to improve skin health,” said Arup Indri, an associate professor in the College of Pharmacy at Oregon State University, in a news release. “This may be of value not only to patients with atopic dermatitis or other skin diseases, but even for normal individuals who simply want their skin to be more healthy, well hydrated, and resistant to aging.”

The findings appear in the *British Journal of Dermatology*. The researchers have applied for patents and are working with university officials to begin the process of licensing and commercialization.

The researchers also discovered a clear link between atopic dermatitis, altered lipid profiles, and some types of bacterial infections such as *Staphylococcus aureus*. Staph infections may both lead to atopic dermatitis problems and make people more prone to further infections — a cycle of skin inflammation that can disrupt the skin microbiome.

This research has been supported by the Atopic Dermatitis Research Network, funded by the National Institutes of Health and the Oregon Nanoscience and Microtechnologies Institute. Collaborators on the research are from the Oregon Health & Science University, OSU’s Linus Pauling Institute, the University of Rochester Medical Center, National Jewish Health, and Rho, Inc.

INTRAMUSCULAR FLU SHOTS MAY MITIGATE STAPH RISK IN AD PATIENTS

Staphylococcus colonization of atopic dermatitis patients’ skin is associated with a weaker response to intradermal flu shots, according to a new study, which suggests that intramuscular flu vaccines may be more effective in this group.

The research, funded by the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health, is being published online in the *Journal of Allergy and Clinical Immunology*.

Researchers evaluated 202 patients with atopic dermatitis, and 134 control patients, vaccinating 136 of them with intradermal vaccines and the rest with intramuscular vaccines. The vaccines included proteins from three strains of influenza (influenza B, H1N1 and H3N2). They assessed response to the vaccine 28 days after vaccination by measuring levels of various antibodies in the blood. Eighty-four (42 percent) of the atopic dermatitis patients had positive skin swabs for *Staphylococcus aureus* colonization.

Overall, the atopic dermatitis patients responded similarly to the non-atopic patients to both intramuscular (IM) and intradermal (ID) vaccines. However, a significant difference was seen in patients with atopic dermatitis who were colonized with *Staphylococcus aureus* and vaccinated against influenza B. Only

11 percent of patients given the ID vaccine developed protection against influenza B compared to 47 percent who received the IM vaccine. The intradermal vaccine also generated less protection against H1N1 and H3N2 strains of influenza, but these differences were not statistically significant.

Researchers are not certain whether the *Staphylococcus aureus* bacteria caused the lower protection rate or is merely a marker of a poorer immune response. Previous research, however, has shown that *Staphylococcus aureus* infections can cause immune cells to retreat from the skin and that toxins secreted by *Staphylococcus* can inhibit the action of antibody-secreting B cells.

COCHRANE REVIEW: ALL MOISTURIZERS CREATED EQUALLY FOR ECZEMA

No one moisturizer is better than another when it comes to relieving the symptoms of eczema, according to a new Cochrane Review. Overall, most moisturizers show beneficial effects for eczema, work better with active treatment, prolong time to flare, and reduce the number of flares and amount of topical corticosteroids needed to achieve similar reductions in eczema severity.

The researchers reviewed 77 studies (6603 participants, mean age: 18.6 years, mean duration: 6.7 weeks). Of these, almost a third of the studies reported how people assessed their eczema. Only 13 assessed satisfaction with the moisturizer. The studies mostly evaluated physician-assessed eczema severity (65 studies). Other outcomes addressed were skin

WATCH THIS NOW



Jonathan Silverberg, MD, PhD, MPH

ATOPIC DERMATITIS: NOT JUST FOR KIDS

There are significant differences in how atopic dermatitis presents in adults versus children, and it can be more challenging to diagnose in adults. Jonathan Silverberg, MD outlines some of those differences, and offers diagnostic and treatment tips.

Watch the full video now at DermTube.com.

dermtube
From the publishers of *Practical Dermatology*

barrier function (29 studies), flare prevention (16), quality of life (10), and corticosteroid use (8).

Moisturizers reduced eczema severity compared with no moisturizer (three studies), but the reduction was too small to be considered important enough for a patient, according to the physicians. Moreover, there were fewer flares (two studies) and less topical corticosteroids were needed (two studies).

Participants thought Atopiclair (containing glycyrrhetic acid) was more than four times more effective in improving eczema-severity than the vehicle, i.e. carrier (three studies). However, the physicians did not find a difference considered important enough for a patient. Atopiclair led to greater reduction of itch (four studies), more frequent satisfaction (two studies), and fewer flares (three studies). The number of reported adverse events was similar in each group, the review found.

Four studies evaluated urea-containing cream. Participants using urea reported skin improvement more often than those using placebo (one study). Satisfaction ratings were comparably positive between the two groups (one study). In addition, urea-containing cream improved dryness more often (physician assessment) (one study) and led to fewer flares (one study), but more adverse events were reported in this group.

Three studies assessed glycerol-containing moisturizer versus vehicle or placebo. More participants in the glycerol group considered their skin to be improved (one study), as did the physicians, but this was not considered important enough for patients. There was no difference in the number of adverse events reported in these studies.

Four studies investigated oat-containing moisturizers versus no treatment or vehicle. No differences between groups were observed for participant assessment of improvement (one study), satisfaction (one study), or physician-assessed improvement (three studies). However, fewer flares were reported in the oat group (one study), and less topical corticosteroids were needed (two studies). Oat creams caused more adverse events.

Participants considered moisturizers more than twice as effective in improving eczema than placebo, vehicle, or no moisturizer (five studies) and more effective on itch (seven studies). Participants in both treatment arms reported comparable satisfaction (three studies). The physicians, reported that moisturizers decreased eczema severity more than the control (12 studies) and led to fewer flares (six studies). There were no differences between the groups in the number of adverse events reported.

Topical corticosteroids were more effective in improving eczema when used together with a moisturizer, rather than alone, according to the physicians (three studies) and also reduced the number of flares (one study). Patients also preferred the combination. There was no difference in the number of adverse events reported. ■