

# Atopic Dermatitis

Atopic Dermatitis (AD) is a chronic relapsing, pruritic, inflammatory skin condition that most commonly affects children.

- 60–65% of patients develop AD before age 1.
- 85–90% of patients have developed signs of their disease by age 5.
- Lifetime prevalence is estimated between 10–20% in children and 1–3% in adults.
- It is estimated that close to \$2.6 billion is spent yearly on the disease in the United States.

## TREATMENT

- Emollients are considered the mainstay of maintenance therapy for AD.
- Topical corticosteroids are the standard of care to which other treatments are compared and are considered **first-line** treatment for flare-ups.
- Topical corticosteroids should be used for the shortest duration possible to control the flare-up.
- Sedating antihistamines (oral) are useful for patients who have sleep disturbances and concomitant allergic conditions.
- Topical and/or oral antibiotics should be reserved for patients with acutely infected lesions.
- Topical calcineurin inhibitors (Elidel and Protopic) should be **second-line** treatment for flare-ups and maintenance.
- In March 2005, the Food and Drug Administration (FDA) issued a public health advisory about the potential cancer risk associated with the use of Elidel (pimecrolimus) and Protopic (tacrolimus) applied to the skin and recommended the following:
  - Use these products only as second-line agents for short-term and intermittent treatment.
  - Avoid the use in children under the age of 2 years for Elidel and Protopic 0.03% and under the age of 16 years for Protopic 0.1%.
  - Children and adults with a weakened or compromised immune system should not use these products.
  - Use the minimum amount for the shortest duration needed to control the patient's symptoms.
- Elidel and Protopic have Black Box Warnings stating that the long-term safety of these products has not been established.

When 2011 Idaho claims data were evaluated, 35% of Medicaid recipients that were prescribed a topical calcineurin inhibitor did **not** have a claim for a topical corticosteroid during that same year. As with any medication, it is recommended that the benefit vs. risk be evaluated and clinical judgment be used when prescribing and/or recommending a particular product.

## Are topical steroids safe?

Topical steroids are safe when used appropriately. Some tips for safe application include:

- Apply topical steroids only to rough affected skin and avoid normal unaffected skin.
- Avoid the application of topical steroids to skin folds (armpits, groin, thighs, under breasts) when possible, especially for prolonged periods of time.
- Avoid the use of topical steroids on eyelids.
- Apply milder steroids to treat the face.
- Use the mildest topical steroid that controls the eczema.
- Apply topical steroids no more than two times per day.

## Special Note for Children with Atopic Dermatitis

Applying medications and supervising a child's skin care is often difficult and time-consuming, especially if the eczema is severe. The consistent use of emollients is critical to control atopic dermatitis. Many parents are concerned about long-term effects of medications. However, the risk of uncontrolled eczema is far greater. **When used appropriately, topical corticosteroids have a very low risk of absorption or thinning of the skin, even when applied to the face.**

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