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In Atopic Dermatitis, Looks Can Be Deceiving

During a Science and Innovation Theater presentation at the 2016 Academy of Managed Care Pharmacy annual meeting in San Francisco, California (April 19-22, 2016), Jonathan Silverberg, MD, PhD, MPH, assistant professor of dermatology at Northwestern University Feinberg School of Medicine, uncovered the burdens of atopic dermatitis (AD); communicated the current science, which demonstrates the underlying inflammation in AD; highlighted the association between inflammation and T helper type 2 cell (Th2)-driven immune dysregulation; and described how optimal management can reset expectations of disease control.

This conference presentation and supplement were sponsored by Regeneron Pharmaceuticals, Inc, and Sanofi US.

BURDEN OF AD

AD is a common, chronic, inflammatory skin disease.¹ It is associated with immune dysregulation and skin barrier dysfunction.²

Prevalence and Age of Onset

AD affects millions in the United States and it is one of the most common dermatoses.^{3,4} The number of individuals affected has been increasing in industrialized countries.⁴ Up to 10% of adults have eczema, and an estimated 3.2%, or 7 to 8 million US adults, have AD.^{3,5} It is estimated that 1.6 million adults who have been diagnosed and treated for moderate-to-severe disease remain uncontrolled.⁶⁻⁸ Up to 25% of children experience AD, and it is the top diagnosis at dermatologist visits in children 4 years and younger.^{9,10}

However, AD is not just a pediatric disease.² The onset of symptoms spans all ages (Figure 1¹¹).^{2,11} AD may be a persistent, life-long disease. The Pediatric Eczema Elective Registry follow-up examined the natural history of children with mild-to-moderate AD (N = 7157).¹² Figure 2¹² demonstrates the proportion of individuals with at least 5 years of follow-up at a given age who ever reported a 6-month symptom-free and medication-free period (N = 2416). It was not until 20 years of age that 50% of patients experienced at least one 6-month symptom-free interval.¹²

Signs and Symptoms of AD

Patient-reported signs and symptoms of AD can occur on a daily basis. Baseline data for 380 adults with moderate-to-severe AD recruited into a randomized treatment study showed that 91% experienced dry or rough skin 5 to 7 days per week. A total of 78% reported flaking skin, 67% had cracking skin, 51% experienced bleeding, and 34% reported oozing at least 5 days per week (Figure 3¹³).¹³

The presentation of AD differs in its acute, subacute, and chronic forms. Acute and subacute lesions are intensely pruritic and are characterized by erythema, papulovesicles, excoriations, and serous exudate. Chronic lesions are characterized by lichenification, papules, plaques, and excoriations. Patients with moderate-to-severe AD can experience acute and chronic lesion simultaneously.¹⁴