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ITCHING for RELIEF:

Atopic Dermatitis Management Considerations for PAs and NPs

RAPID RECAP

- Atopic dermatitis (AD) is a chronic, pruritic, and inflammatory skin disease associated with significant morbidity, multiple comorbidities, and adverse effects on quality of life.
- Although AD is typically thought of as a disease of infancy and childhood, it may appear at any age. Further, while AD may resolve during childhood, it persists throughout the lifespan for many, and the distribution of the rash and its severity can vary throughout the lifespan.
- The underlying pathophysiology of AD and its intense pruritus is complex and incompletely understood, but greater understanding of the mechanisms involved has contributed to the development of safe, effective, and targeted treatments.
- Goals of AD treatment include protecting and restoring the skin barrier, protecting and reducing new outbreaks and flares, managing comorbidities and secondary conditions, and optimizing outcomes of treatment while minimizing their adverse effects.
- Treatment of AD should be individualized to patients' specific needs, including those specific to age, disease severity, and health care access.
- The foundation for all AD treatment is basic skin care, with topical corticosteroids considered first-line treatment for managing acute flares.
- New and emerging treatments for management of AD directly and indirectly target the cascade of inflammatory responses underlying the disease.
  - Newer agents include crisaborole and dupilumab.
    - Crisaborole is a topical phosphodiesterase 4 (PDE-4) inhibitor that is FDA-approved for patients ages ≥ 3 months with mild-to-moderate AD.
    - Dupilumab is a monoclonal antibody that targets interleukin 4 (IL-4) and IL-13 via a component common to both cytokines' receptors. Dupilumab is an injectable drug approved for patients ages ≥ 6 years with moderate-to-severe AD.
  - Multiple targeted agents are in ongoing clinical trials, and some may soon be approved. Examples include the injectable lebrikizumab and tralokinumab; the former targets the IL-13 receptor, whereas the latter neutralizes IL-13. Other examples include abrocitinib and baricitinib. Abrocitinib and baricitinib work by blocking Janus kinase (JAK) activity. JAK enzymes play central roles in the inflammatory cascade.
- AD can substantially impair quality of life (QoL) for patients and their families. The intense pruritus can impact QoL, as can common AD comorbidities, such as sleep disturbance, anxiety, and depression—which may all be interrelated.

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- AD has also been associated with significant financial burden related to cost of medications, doctor's visits, and days lost from work, among other factors.
- Clinicians must address QoL issues in patients with AD by establishing effective management practices that meet the individual needs of patients and families coping with this disease. Creating an action plan that addresses daily skin care and identifies steps for managing AD flares is imperative to improving clinical outcomes and QoL.

Resources

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