

# HELPING YOUR PEDIATRIC PATIENTS AND THEIR FAMILIES UNDERSTAND THERAPY OPTIONS FOR MODERATE-TO-SEVERE ATOPIC DERMATITIS

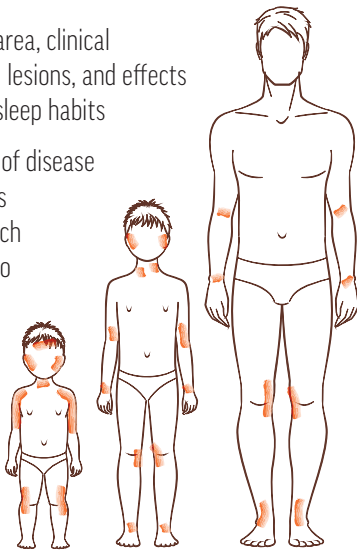
## FOR THE CLINICIAN



- ▶ Your patients with moderate or severe atopic dermatitis (or eczema) and their caregivers may have questions about their disease
- ▶ Moderate-to-severe atopic dermatitis is more likely to persist into adulthood and to be associated with comorbidities (eg, asthma)
- ▶ This guide is designed to help you educate your patients and their caregivers and engage with them in a **shared decision-making approach** as you assess the severity of their condition, discuss disease flares, and explain the potential use of systemic therapies

## HELP PATIENTS UNDERSTAND DISEASE SEVERITY AND FLARES

- ▶ Assess body surface area, clinical characteristics of skin lesions, and effects on quality of life and sleep habits
- ▶ Document the course of disease and whether control is adequate, both of which markedly contribute to burdens for patients and family members



## PERSONALIZING the Conversation



- ▶ Consider asking your patient/caregiver 1 question at every visit: "Would you describe your atopic dermatitis or eczema as mild, moderate, or severe?"

## EXPLAIN THAT FLARES MAY BE PREVENTED OR MANAGED

- ▶ In some patients, exposure to an allergen or other trigger, or infections can cause a flare
- ▶ In other patients, the body's immune system overreacts, which may cause a flare even without identifiable triggers
- ▶ However, patients may have a disease flare or persistent atopic dermatitis even if they
  - Use the creams or ointments prescribed
  - Try not to scratch
  - Have good bath hygiene and treat skin gently

## PERSONALIZING the Conversation



- ▶ Query patients/caregivers whether they are aware of common flare triggers and discuss ways to avoid them
- ▶ Identify coexisting atopic or other comorbidities (such as asthma, allergic rhinitis, or food allergies) in patients and their family members
- ▶ If food allergies are suspected, refer the child to an allergist; do not eliminate foods without food allergy confirmation
- ▶ Educate patients/caregivers that despite good skin care and adherence to treatment, some may still have symptoms or flares

## ACKNOWLEDGE THAT ATOPIC DERMATITIS CAN BE A PERSONAL AND FAMILY BURDEN

- ▶ Living with atopic dermatitis, especially with more severe disease, significantly impacts the life of the patient, the caregiver, and the entire family
- ▶ Quality of life and school performance can suffer; children and teenagers may miss out on activities or be teased and bullied
- ▶ Children and teenagers can have difficulty sleeping, and some younger children may start to sleep with their parent/caregiver, disrupting everyone's nighttime sleep
- ▶ Atopic dermatitis increases the risk that a patient's mental health will suffer; children and teenagers with atopic dermatitis are at increased risk of conduct disorder, attention-deficit/hyperactivity disorder, anxiety, and depression

## PERSONALIZING the Conversation



- ▶ Specifically query patients/caregivers about the impact of the disease on sleep, quality of life, mental health, school, and family dynamics

## ENCOURAGE ADHERENCE TO BATHING PRACTICES, MOISTURIZERS, AND TOPICAL MEDICATIONS

- ▶ The goal of treatment is to prevent dry skin, decrease itch, and minimize exposure to triggers
- ▶ Bathing practices can include short baths in lukewarm water, every day or every other day
- ▶ Daily use of moisturizers and barrier-repair agents is critical to prevent water loss from the skin
- ▶ Encourage patients/caregivers to adhere to treatment so that infections don't develop
- ▶ Regular use of topical prescription medications in accordance with the clinician's recommendations is important



### PERSONALIZING the Conversation



- ▶ Explain the differences among various moisturizers and barrier-repair agents
- ▶ Educate patients on the use of topical prescription agents; remind them to use a moisturizer right after bathing
- ▶ Ask patients/caregivers if they have difficulty adhering to moisturizer use or recommended bathing practices

## OPEN A DISCUSSION ABOUT SYSTEMIC THERAPIES

- ▶ Patients who have uncontrolled moderate or severe atopic dermatitis—those who have frequent or persistent flares despite traditional treatments—may benefit from systemic medications
- ▶ Compared with topical medications, systemic medications can treat larger body surface areas
- ▶ Systemic medications, including immunosuppressants and biologic therapies, are either taken orally or given through an injection into the skin or muscle
- ▶ Systemic immunosuppressants work to suppress the overactive immune system
- ▶ Neither systemic nor biologic therapies can cure atopic dermatitis, but they may help manage symptoms



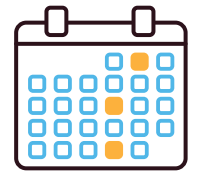
### PERSONALIZING the Conversation



- ▶ Discuss why your patient may be a good candidate for a systemic medication
- ▶ It's important for pediatric clinicians and specialists to work together with patients and families to better understand systemic therapies
- ▶ Some systemic immunosuppressants are used off-label for atopic dermatitis, and they will require closer monitoring
- ▶ Use of moisturizers and recommended bathing practices should continue while the patient is receiving systemic medication

## WHAT PATIENTS CAN EXPECT FROM BIOLOGIC THERAPY

- ▶ Newly developed biologic therapies can more precisely target specific molecules in the immune system that contribute to inflammation and disease flares in atopic dermatitis
- ▶ FDA-approved biologic therapy is currently available for children
- ▶ Patients/caregivers should still practice good skin care routines and avoid triggers while on biologic therapy
- ▶ Biologic therapies, like all atopic dermatitis medicines, must be taken regularly



### PERSONALIZING the Conversation



- ▶ Discuss why your pediatric patient may be a good candidate for biologic therapy; consider providing a referral to a dermatologist or an allergist for an evaluation
- ▶ Explain to patients/caregivers that several biologic therapies are available to treat pediatric patients with atopic dermatitis, asthma, and other atopic and nonatopic conditions
- ▶ A dermatologist or allergist can address safety concerns with patients/caregivers; regular monitoring is important for good efficacy and to address any side effects



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For additional resources and information related to atopic dermatitis, please visit our Clinical Resource Center™

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