

Increased Knowledge-based Care is Indicated for Patients with Atopic Dermatitis

Maria BRADLEY¹ and Åke SVENSSON²

¹Dermatology and Venereology Unit, Department of Medicine Solna, Karolinska Institutet, SE-171 77 Stockholm and ²Department of Dermatology, Skåne University Hospital, Lund University, Malmö, Sweden. E-mail: maria.bradley@ki.se
Acta Derm Venereol 2022; 102: adv00802. DOI: 10.2340/actadv.v102.4576

Atopic dermatitis (AD) is the most common inflammatory skin disorder, affecting up to 20% of children and at least 3–10% of adults in the developed world (1). AD has a huge impact on quality of life and is the dermatological condition with the largest disease burden from a societal perspective (2).

The disease can lead to a life with interrupted sleep due to intense pruritis, and periodically being unable to attend school, being placed on sick leave, or being hospitalized. It can cause problems with relationships, studies and work. This, in combination with a deficit in healthcare support, and the fact that many patients feel so affected, and sometimes ashamed, that they hide themselves and their eczema, makes it even worse. Mental health issues are frequent in the affected group and the risk of depression and suicide is higher than among people without AD. Systemic treatments of AD can relieve not only the skin symptoms but also signs of depression in parallel, as shown by Lina Evert et al. in this issue of *Acta Dermato-Venereologica* (3–5). Furthermore, AD is often associated with concomitant diseases, such as asthma and allergy, and secondary cutaneous infections. A recent, large UK study by Silverwood et al. (6), shows that premature death is more common among people with severe AD. The study revealed that mortality was 60% higher among adult patients with severe AD. It is also known that the inflammatory process in AD can lead to diabetes and cardiovascular disease (7).

There is still a significant unmet need to improve overall management of AD in order that patients of all ages can gain control of their symptoms using safe and effective treatments. However, recent advances in understanding of disease mechanisms have led to the discovery of novel potential therapeutic targets and drug candidates. There are already new systemic drugs on the market in the form of biological treatments and small, synthetic molecules (so-called JAK inhibitors). In addition, there are approximately 30 new molecules in various phases of clinical trials (8).

However, new treatments are often compared only with placebo and not with standard treatments. It is important that new treatments are given to adequately selected

patients, and in the right way, and are evaluated with regard to side-effects and effects. To achieve this, more knowledge is needed about the disease and available treatments *at all levels* within healthcare and society. We believe that strong patient organizations can help. Other tools are the national quality registries, in which all patients with AD on systemic treatment should be registered and followed by standardized outcome measurements.

Furthermore, national and European treatment guidelines and governance documents for AD are important (9). All of these tools are needed to create equal and knowledge-based care for *all* patients with AD, regardless of where they live.

REFERENCES

- Weidinger S, Novak N. Atopic dermatitis 2016 Lancet 2016; 387: 1109–1122.
- Laughter MR, Maymone MBC, Mashayekhi S, Arents BWM, Karimkhani C, Langan SM, et al. The global burden of atopic dermatitis: lessons from the Global Burden of Disease Study 1990–2017. Br J Dermatol 2021; 184: 304–309.
- Ivert LU, Svedbom A, Lundqvist M, Wahlgren C-F, Bradley M, Johansson EK. The impact of systemic treatment of atopic dermatitis on depressive symptoms: a prospective clinical cohort study. Acta Derm Venereol 2022; 102: adv00801
- Schonmann Y, Mansfield KE, Hayes JF, Abuabara K, Roberts A, Smeeth L, et al. Atopic eczema in adulthood and risk of depression and anxiety: a population-based cohort study. J Allergy Clin Immunol Pract 2020; 8: 248–257.e16.
- Patel KR, Immaneni S, Singam V, Rastogi S, Silverberg JI. Association between atopic dermatitis, depression, and suicidal ideation: a systematic review and meta-analysis. J Am Acad Dermatol 2019; 80: 402–410.
- Silverwood RJ, Mansfield KE, Mulick A, Wong AYS, Schmidt SAJ, Roberts A, et al. Atopic eczema in adulthood and mortality: UK population-based cohort study, 1998–2016. J Allergy Clin Immunol 2021; 147: 1753–1763.
- Silverwood RJ, Forbes HJ, Abuabara K, Ascott A, Schmidt M, Schmidt SAJ, et al. Severe and predominantly active atopic eczema in adulthood and long term risk of cardiovascular disease: population based cohort study. BMJ 2018; 361: k1786.
- Bieber T. Atopic dermatitis: an expanding therapeutic pipeline for a complex disease. Nat Rev Drug Discov 2022; 21: 21–40.
- Wollenberg A, Christen-Zach S, Taieb A, Paul C, Thyssen JP, de Bruin-Weller M, et al. ETFAD/EADV Eczema task force 2020 position paper on diagnosis and treatment of atopic dermatitis in adults and children. J Eur Acad Dermatol Venereol 2020; 34: 2717–2744.