SYSTEMIC TREATMENT OF ECZEMA

Dr Diana Purvis
Paediatric Dermatologist
Systemic treatment

- Assessment of severity
- How to recognise treatment is failing
- Indications for referral
- Systemic treatments
  - Phototherapy
  - Methotrexate, Azathioprine, Cyclosporin
## Assessment of eczema severity

<table>
<thead>
<tr>
<th>Skin and physical severity</th>
<th>Impact on quality of life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Normal skin</td>
<td>None</td>
</tr>
<tr>
<td>Mild Areas of dry skin</td>
<td>Mild</td>
</tr>
<tr>
<td>Occasional itch</td>
<td></td>
</tr>
<tr>
<td>+/- red patches</td>
<td></td>
</tr>
<tr>
<td>Moderate Areas of dry skin</td>
<td>Moderate</td>
</tr>
<tr>
<td>Frequent itch</td>
<td></td>
</tr>
<tr>
<td>Red patches</td>
<td></td>
</tr>
<tr>
<td>+/- excoriation</td>
<td></td>
</tr>
<tr>
<td>+/- lichenification</td>
<td></td>
</tr>
<tr>
<td>Severe Widespread dry skin</td>
<td>Severe</td>
</tr>
<tr>
<td>Widespread redness</td>
<td></td>
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<tr>
<td>Incessant itching</td>
<td></td>
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<tr>
<td>+/- excoriation</td>
<td></td>
</tr>
<tr>
<td>+/- lichenification</td>
<td></td>
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<tr>
<td>+/- pigmentation</td>
<td></td>
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</tbody>
</table>
ECZEMA ASSESSMENT

Patient Name ____________________________ Date of Birth ______________ Date ____________

This form helps your physician understand how eczema has affected you/your child in the past few months. Please fill it out as accurately as possible. There are no right or wrong answers, and any information you provide is confidential. Circle the number that most closely matches your situation.

1. How often do you/your child have the rash/eczema?

   Yearly
   Every few months
   Monthly
   Weekly
   Daily

2. How often do you/your child itch from eczema?

   Never
   Rarely
   Sometimes
   Often
   All the time

3. How often does eczema interfere with sleep?

   Never
   Rarely
   Sometimes
   Often
   All the time

4. How often does having eczema interfere with work, school, or recreational activities?

   Never
   Rarely
   Sometimes
   Often
   All the time

5. How often does having eczema affect daily friendships, social life, or family/friend gatherings?

   Never
   Rarely
   Sometimes
   Often
   All the time

6. How often does having eczema make you/your child sad, embarrassed, or upset?

   Never
   Rarely
   Sometimes
   Often
   All the time

Score: add score for each component above (maximum of 25)

1-8 Mild  9-16 Moderate  17-25 Severe  Total Score

Please provide any additional information or comments on the impact eczema has on your life.

____________________________________________________________________________________

____________________________________________________________________________________

If additional space is needed, please write on back of page.
Goals of eczema management

• Skin care to support barrier function
• Reduction of bacterial infection
• Treatment of inflammation
• Avoidance of triggers
Goals of eczema management

- Minimise itch
- Allow normal sleep
- Allow normal activities
- Minimise infections
- Manageable treatment programme
- Acceptable side effects

- If these goals are not being met – re-evaluate
Reassess

- Adherence
- Avoiding irritants (eg soap, SLS)
- Adequate amount and potency of topical steroid
- Active infection
- Allergy: contact dermatitis to topical products, aeroallergens, photocontact allergy
- Alternative diagnosis
Goals of eczema management

- Minimise itch
- Allow normal sleep
- Allow normal activities
- Minimise infections
- Manageable treatment programme
- Acceptable side effects
- Minimal psychosocial impact
Goals of eczema management

- Minimise itch
- Allow normal sleep
- Allow normal activities
- Minimise infections
- Manageable treatment programme
- Acceptable side effects
- Minimal psychosocial impact

- Persistent itch
- Waking 2 or more nights a week
- Missing school/sports
- Frequent skin infections
- Unable to maintain adherence
- Potential side effects
- Psychosocial impact

If these goals are not being met – refer to a dermatologist
Indications for referral for dermatologist advice [NICE guidelines 2007]

1. Primary care management has not controlled the eczema satisfactorily
2. Eczema on the face has not responded to appropriate treatment
3. The child or parent/carer may benefit from specialist advice on treatment application
4. Contact allergic dermatitis is suspected
5. The eczema is giving rise to significant social or psychological problems for the child or parent/carer
6. Eczema is associated with severe and recurrent infection

[continued]
Indications for referral for dermatologist advice [NICE guidelines 2007]

7. The diagnosis of eczema is, or has become, uncertain
   - Onset before one month of age
     - Erythroderma in a neonate must be referred to a dermatologist
   - Associated with failure to thrive
   - Hair, nail or teeth abnormalities
   - Generalised scale
Systemic treatments

• Oral steroids
  • Effective but significant rebound
  • Taper over many months
  • Not recommended

• Phototherapy
  • Narrowband UVB
  • Safe, painless
  • Limited due to compliance in younger children
  • Attendance at dermatology department 2-3 times per week for 6–12 weeks
Phototherapy
Systemic treatments

- **Methotrexate**
  - Effective, case series
  - 10mg/m² per week for 1-2 years
  - Liver and blood count

- **Cyclosporin**
  - Effective, randomised controlled trial
  - 3-5mg/kg for up to 1 year
  - Concern re renal effects and hypertension

- **Azathioprine**
  - Effective, case series
  - 2.5-3mg/kg for 2 years
  - Liver and blood count
  - Check TPMT (thiopurine methyltransferase) prior

- **Mycophenolate mofetil**
- **IV immunoglobulin**
- **Omalizumab**
Immunotherapy was the only option left to Mason. The doctor explained that this treatment involved desensitization to the allergen. Mason was placed on a treatment plan where he would receive injections of the allergen at increasingly higher doses. The goal was to help his body gradually become less allergic to the substance.

Mason was given a series of shots, each increasing in strength. Over time, his body began to produce less of the allergic response. The treatment continued for several months, and Mason’s condition improved significantly. He was able to return to school and participate in activities he had enjoyed before.

After several months of treatment, Mason was able to return to a normal life. The family was overjoyed with the results and grateful for the support they received throughout the process.

The transformational impact of immunotherapy was evident in Mason’s life. He was able to live a normal life, enjoying his hobbies and making new friends. The family was finally able to breathe a sigh of relief, knowing that Mason was on his way to a healthier and happier future.