

What are the benefits of scoring atopic dermatitis in current practice?

ATOPY

BASIC

Valid and clinically meaningful outcome measures play a central role in both the interpretation of clinical trial results and the ongoing assessment of healthcare intervention to ensure that research can be translated into maximum patient benefit.¹

For measuring disease severity, 28 different scales exist, without a single gold standard emerging.²

They are used primarily in clinical trials and rarely in clinical practice as the systems were designed for an investigative setting and are often too time-consuming for routine use in outpatient clinics or for monitoring patient responses in general practice.^{1,2}



AD in antecubital fossa



Adult with AD

What should we approach the scores?

SCORE	ADVANTAGES	DISADVANTAGES
SCORAD Index Developed by the ETFAD in 1993	<ul style="list-style-type: none"> Adequately tested and validated² Incorporates both objective physician estimates of extent and severity and subjective patient assessment of itching and sleep loss² Ten minutes to complete³ 	<ul style="list-style-type: none"> Focus on the disease process rather than the impact on patients, excludes symptoms or combines the signs and symptoms scores, complicating interpretation from the patient's perspective¹ May overestimate disease severity⁴ Influenced by subjective ratings and potentially social and cultural factors⁴ Training required³
Objective SCORAD Based on a European consensus	<ul style="list-style-type: none"> Representative and well evaluated⁴ 	<ul style="list-style-type: none"> Intra- and inter-observer inconsistencies with an approximate 20% variation in scores⁴
Eczema Area and Severity Index (EASI)	<ul style="list-style-type: none"> Adequately tested and validated² Uses objective physician estimates of disease extent and severity² 	<ul style="list-style-type: none"> Focus on the disease process rather than the impact on patients, excludes symptoms or combines the signs and symptoms scores, complicating interpretation from the patient's perspective¹ Does not include dryness
Six Area, Six Sign Atopic Dermatitis (SASSAD) Designed primarily to assess response to treatment in therapeutic trials ⁵	<ul style="list-style-type: none"> Adequately tested and validated² 	<ul style="list-style-type: none"> Subject to significant inter-observer variation, reflecting the difficulties in assessing eczema severity objectively⁵ Validity studies are limited⁴
Patient-Oriented Eczema Measure (POEM) Monitoring eczema severity from the patients' perspective ¹	<ul style="list-style-type: none"> Specifically designed to measure severity from the patients' perspective using seven questions on symptoms and their frequency¹ Provides a more holistic evaluation¹ 	<ul style="list-style-type: none"> Prevents comparisons between patient's and doctor's evaluations⁶
Three-Item Severity Scale (TISS)	<ul style="list-style-type: none"> Simple scoring system using three intensity items from the SCORAD index⁴ Can be completed within one minute⁴ 	<ul style="list-style-type: none"> Needs further testing² Less sensitive than Objective SCORAD⁴

What should be done in current practice?

• TO CHOOSE THE BEST TREATMENT

The severity of atopic dermatitis has to be assessed.

To do that, the guidelines are clear:
use SCORAD or EASI^{7,8}

• TO MONITOR THE DISEASE COURSE

The guidelines are equally clear:
use none²

Guidelines of the American Academy of Dermatology (2016)²

- For the general management of atopic dermatitis patients, available disease severity measurement scales are not recommended for routine clinical practice as they were not usually designed for that purpose.
- It is recommended that clinicians ask general questions about itching, sleep, impact on daily activity and disease persistence, and currently available scales be used mainly when practical.

What should be done in future practice?

Patient-oriented medicine is an emerging concept encouraged by the World Health Organization which allows for greater patient involvement in the management of chronic diseases.

Periodic assessment by a doctor is useful to assess the efficacy of treatment at one given moment. However, AD is characterized by unpredictable flare-ups and remissions, causing clinical variations between two consultations. Therefore, periodic assessment cannot evaluate the disease course or treatment efficacy comprehensively.

Self-assessment, if reliable, could enable better monitoring of disease status. Moreover, self-assessment scores (SAS) can be an effective tool for communication between patients and physicians on everyday disease management issues and could be a valuable adjunct to a therapeutic education programme.⁶

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