LA ROCHE-POSAY
LABORATOIRE DERMATOLOGIQUE

Adjunctive therapy: what do the guidelines recommend?

ATOPY | BASIC

Most international dermatological societies issue regularly updated guidelines for the management of atopic dermatitis. Although the guidelines focus on medical treatments, **the most recent emphasize the importance of adjunctive therapy, primarily moisturizers/emollients, to improve the skin's barrier function**.

Evolution of the guidelines between 2003 and 2015:

ICCAD – 2003[1]	ICCAD – 2006[2]	Asia–Pacific Consensus Group for Atopic Dermatitis – 2013[3]	AAD – 2014[4]	ETFAD / EADV – 2015[5]
"As the barrier function of the skin in patients with atopic dermatitis is impaired, **an adjuvant basic therapy is essential in the management of this disease** consisting of the regular application of adequate moisturizers. Emollients keep the skin hydrated and can reduce itching."	"A key feature of AD is severe dryness of the skin caused by a dysfunction of the skin barrier with increased transepidermal water loss. This is typically accompanied by intense pruritus and inflammation. **The regular use of emollients is important for addressing this problem, and together with skin hydration, it represents the mainstay of the general management of AD."**	"**Emollients are crucial to the successful management of AD.** Emollients may contain both occlusives, which provide a layer of lipid on the surface of the skin to slow water loss and increase moisture content in the skin, and humectants, which are substances introduced into the stratum corneum to increase its moisture-retaining capacity. **Regular emollient therapy is an important pillar in the management strategy of AD management."**	"**Moisturizers should be an integral part of the maintenance treatment** plan given their low risk and ability to improve skin hydration; some may also address the negative effects of epidermal barrier dysfunction."	"AD is associated with skin barrier anomalies that facilitate an easier allergen penetration into the skin with an increased proneness to irritation and subsequent cutaneous inflammation. **Use of emollients improves dryness and subsequently pruritus during the treatment of AD and especially improves the barrier function."**

However, the information and/or recommendations provided by the guidelines can vary. **The table below outlines the differences:**

2003	2006	2013	2014	2015
ICCAD[1]	European Academy of Allergology and Clinical Immunology / American Academy of Allergy, Asthma and Immunology[2]	Asia–Pacific Consensus Group for Atopic Dermatitis[3]	American Academy of Dermatology[4]	ETFAD/EADV[5]
Different classes of moisturizers are based on their mechanism of action, including occlusives, humectants, emollients and protein rejuvenators. **Patients may be prescribed different moisturizers depending on their particular preference, their age and their type of eczema.**	Because different emollients are available, **selection criteria, such as the individual skin status, seasonal and climatic conditions, and the time of day, should be considered for optimizing the patients' basic treatment.** "Water-in-oil" or "oil-in-water" emulsions might be substituted to support the skin barrier function.	The different emollient textures and forms should be considered to suit each individual patient. **Emollients should be used during active disease flares in conjunction with topical anti-inflammatory agents, and also as maintenance therapy.** Apply before and after swimming or bathing while the skin is still moist (within 5 min).	It has been shown that **daily moisturizer use can lengthen the time to first flare**, compared to no treatment. In some cases, this strategy may be adequate and anti-inflammatory therapies reinstituted only when new eczematous lesions are noted. This is considered a reactive approach to long-term management.	**Hydration of the skin** in adults is usually maintained by **at least twice daily application of moisturizers** containing glycerol or, if tolerated, approximately 5% urea. The latter is known to **significantly reduce the risk of AD relapse.**
They should be applied regularly **at least twice during the day, even when there are no symptoms of disease**, and should also be applied **after swimming or bathing.**	**Emollients should be applied continuously**, even if no actual inflammatory skin lesions are obvious.	**Emollients should be applied two to three times daily or as frequently as the skin gets dry** depending on the climate or the use of air conditioning.		New developments in emollients are the **incorporation of active compounds that repair the barrier function or influence the microbiota of atopic dermatitis** with **bacterial lysates from** *Aquaphilus dolomiae* or *Vitreoscilla filiformis species.*
	Contacts with water should be minimized, moderately heated water should be used, and mild syndets with an adjusted pH value (acidified to pH 5.5–6.0 in order to protect the acid mantle of the skin) should be used for cleansing.	Patients should be advised to: **cleanse with a non-irritant cleanser, moisturize all over and medicate active areas of eczema.**		**The skin must be cleansed thoroughly, but gently and carefully** to get rid of crusts and mechanically eliminate bacterial contaminants in the case of bacterial superinfection. **Cleansers with or without antiseptics in non-irritant and low allergenic formulas may be used**, and are available in various galenic forms such as syndets or aqueous solutions. **The pH should be in a physiological cutaneous range around 5–6.**

Bibliography

1 - Ellis C., Luger T. On behalf of the ICCAD II Faculty. International Consensus Conference on Atopic Dermatitis II (ICCAD II*): clinical update and current treatment strategies. Br J of Dermatol. 2003;148 (Suppl. 63):3–10.

2 - Akdis C.A., Akdis M.B., Bieber T. *et al.* Diagnosis and treatment of atopic dermatitis in children and adults: European Academy of Allergology and Clinical Immunology /American Academy of Allergy, Asthma and Immunology/PRACTALL Consensus Report. J Allergy Clin Immunol 2006;118:152–69.

4 - Rubel D., Thirumoorthy T., Soebaryo R.W. *et al.* Asia–Pacific Consensus Group for Atopic Dermatitis. Consensus guidelines for the management of atopic dermatitis: An Asia–Pacific perspective. Journal of Dermatology 2013;40:1–12.

5 - Sidbury R., Tom W.L., Bergman J.N. *et al.* Guidelines of care for the management of atopic dermatitis: Section 4. Prevention of disease flares and use of adjunctive therapies and approaches. J Am Acad Dermatol. 2014 Dec;71(6):1218–33.

6 - Wollenberg A., Oranje A., Deleuran M. *et al.* ETFAD/EADV Eczema task force 2015 position paper on diagnosis and treatment of atopic dermatitis in adult and paediatric patients. JEADV 2016;30:729–47.