SUMMARY

General approach to and summary of the guideline for the management of atopic dermatitis

R J Green, MB BCh, DCH, FCP (SA), DTM&H, MMed, FCCP, PhD, Dip Allergology (SA), DSc; W Sinclair, MB ChB, MMed (Derm)

- ¹ Department of Paediatrics and Child Health, Faculty of Health Sciences, University of Pretoria, South Africa
- ² Department of Dermatology, Faculty of Health Sciences, University of the Free State, Bloemfontein, South Africa

Corresponding author: W Sinclair (sinclairw@ufs.ac.za)



General approach to the treatment of atopic dermatitis

Mild dermatitis

- · Appropriate general measures
- Emollients
- Weak to moderately potent topical corticosteroids (TCSs) depending on body site
- Topical calcineurin inhibitors (TCIs) as second line or where corticosteroids are contraindicated

Moderate dermatitis

- · Appropriate general measures
- Emollients
- Moderate-potency TCSs for maintenance
- Potent TCSs for flares
- TCIs (tacrolimus or pimecrolimus) as maintenance for selected skin areas
- Sedating antihistamines

Severe dermatitis

- · Appropriate general measures
- Emollients
- Potent TCSs
- TCls (tacrolimus only) on selected skin areas

Acute flares

- Systemic corticosteroids (short courses)
- Moderately potent to potent TCSs in hospital
- Sedating antihistamines
- Thereafter, maintenance as for chronic disease

Chronic disease

- Ultraviolet (UV) light
- · Non-steroidal systemic drugs: azathioprine, cyclosporin, methotrexate, mycophenolate

Severe refractory cases, frequent flares, poor response, moderate dermatitis in young patients

- Refer to dermatologist/paediatrician/allergist as appropriate
- Potent TCSs
- Phototherapy (narrow-band UVB)
- Cyclosporin, methotrexate, oral corticosteroids, azathioprine, mycophenolate mofetil, intravenous immunoglobulin, interferon-gamma
- Psychotherapeutic intervention

CONTINUING MEDICAL EDUCATION

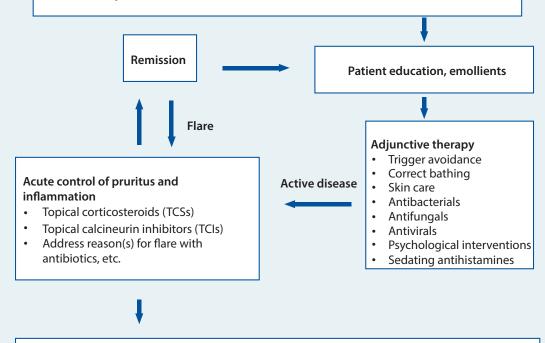
Guidelines for the management of atopic dermatitis

Diagnosis

Pruritus: \geq 3 of the following:

- History of flexural dermatitis (front of elbows, back of knees, front of ankles, neck, around the eyes) or involvement of cheeks and/or extensor surfaces in children ≥18 months of age
- Visible flexural dermatitis involving the skin creases (or the cheeks and/or extensor surfaces in children ≥18 months of age)
- · History of a generally dry skin in the past year
- Personal history of asthma or hay fever (history of atopic disease in a first-degree relative in children <4 years of age)
- Onset <2 years of age (used only for children ≥4 years at time of diagnosis)

Assess severity



Maintenance therapy/chronic treatment

- At the earliest sign of disease recurrence: TCIs
- Long-term TCIs for selected skin areas to prevent flares, or intermittent TCSs weekly to prevent flares
- · Intermittent medium-potency TCSs for flares, until subsided

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- Potent TCSs
- Phototherapy (narrow-band ultraviolet B)
- Cyclosporin, methotrexate, oral corticosteroids, azathioprine, mycophenolate mofetil, intravenous immunoglobulin, interferon-gamma
- Psychotherapeutic intervention