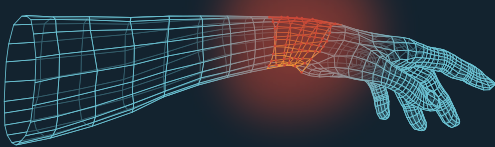




THE KEY TO OPTIMIZING TREATMENT OF ATOPIC DERMATITIS (AD)



ASSESSMENT: PATIENT MEETS CRITERIA FOR DIAGNOSIS OF AD

- ☒ Review prior history of AD including steroid usage/history of infections
- ☒ Measure body area surface affected
- ☒ Address patient and caregiver concerns
(E.g.: POEM - Patient Oriented Eczema Measure, DLQI - Dermatology Life Quality Index)
- ☒ Assess Symptoms
 - Erythema
 - Induration/Papulation/Edema
 - Oozing/Crusting
 - Lichenification
 - Dryness
 - Excoriation

CLASSIFY SEVERITY OF AD

SIGNS OF AD		
MILD	MODERATE	SEVERE
<div><div></div><div>Pink to Red</div><div>Mild Papulation and Induration</div><div>No Oozing/Crusting</div><div>No Lichenification</div></div> <div></div>	<div><div></div><div>Dull Red</div><div>Moderate Papulation and Induration</div><div>Mild Lichenification</div><div>Oozing/Crusting May Be Present</div></div> <div></div>	<div><div></div><div>Deep, Dark, or Fiery Bright Red</div><div>Severe Papulation and Induration</div><div>Thick Lichenification</div><div>Oozing/Crusting Present</div></div> <div></div>



BASIC MANAGEMENT OF AD

1. Skin Care
 - Soak and Seal – Warm baths or showers using gentle cleanser followed by moisturizer (even on clear areas)
 - Frequent, liberal moisturizer use throughout the day

2. Antiseptic Measures
3. Trigger Avoidance
 - Avoid irritants and known allergens

4. Address Psychosocial Stressors
 - Treat Anxiety/Depression
 - Identify Bullying
 - Behavior Modification



STEP CARE MANAGEMENT OF AD

MILD	MODERATE	SEVERE
<div>BASIC MANAGEMENT +</div> <div>STEP 1</div> <div>Use Low to Mid-Potency Topical Corticosteroids</div>	<div>BASIC MANAGEMENT +</div> <div>STEP 1</div> <div>Use Mid to High-Potency Topical Corticosteroids</div>	
<div>STEP 2</div> <div>Pimecrolimus Cream*, OR Crisabarole Ointment*</div> <div>+/-</div> <div>Sedating Antihistamines</div>	<div>STEP 2</div> <div>Pimecrolimus Cream*, OR Tacrolimus Ointment*, OR Crisabarole Ointment*</div> <div>STEP 3</div> <div>If not improved, consult with AD specialist</div> <div>Consider Wet Wrap Therapy</div> <div>Consider Dupilumab†</div>	<div>STEP 2</div> <div>"Rescue" Treatment with Wet Wrap Therapy</div> <div>Short Term Hospitalization</div> <div>STEP 3</div> <div>If not improved, consult with AD specialist</div> <div>Consider Dupilumab†, Phototherapy‡, Systemic Immunosuppressive Therapy</div>

*FDA Approval for > 2 years, † FDA Approval for > 18 years, ‡ FDA Approval for > 12 years

1 Boguniewicz M, et al. Ann Allergy Asthma Immunol. 2018;120:10-22 | 2 Akdis CA, et al. J Allergy Clin Immunol. 006;118:152-169 | 3 EASI Evaluator Group, Exp Dermatol. 2001 Feb;10(1):11-8 | 4 Brar, K.K., Nicol, N.H., & Boguniewicz, M. (2019) Strategies for Successful Management of Severe Atopic Dermatitis The Journal of Allergy and Clinical Immunology: In Practice: in press

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