

A Kinder, Gentler Therapy?

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Atopic dermatitis is a recurrent, intensely pruritic, inflammatory skin disease that can have a major impact on quality of life. It is characterized clinically by multiple lesions with erythema, intense pruritus, excoriations with serous exudate, lichenification, and severely dry skin. Up to now, topical corticosteroids have been the standard of treatment for atopic dermatitis. Unfortunately, the chronic use of topical steroids is associated with such adverse effects as skin atrophy, striae, hypopigmentation, acne, skin infections, hypothalamic-pituitary-adrenal axis suppression, and manifestations of Cushing's syndrome. Because the majority of our patients with atopic dermatitis are children, it is also important to remember that topical steroids can cause growth retardation in this population. There has been a need for a medication with the efficacy of a topical steroid without the worrisome side effects.

Recently, studies in adults and children have indicated that tacrolimus ointment (Protopic®) is safe and effective in the treatment of atopic dermatitis, even in those with severe disease and/or disease involving an extensive portion of their body surface area.^{1,2} Importantly, tacrolimus ointment does not cause atrophy. Tacrolimus has demonstrated adverse effects in studies performed, both application site and non-application site reactions.^{1,2} Locally, the most common problems include skin burning, pruritus, and erythema. Most events are mild or moderate in severity. It is notable that the intensity and incidence of these effects generally decrease with time of treatment and as the severity of disease improves. The most common non-application site events included flulike symptoms, headache, fever, and exacerbation of asthma.

Tacrolimus ointment is the first of a new class of immunomodulatory treatments for inflammatory skin disease. Next year, another compound, SDZ ASM, will be available for the treatment of atopic dermatitis. The available data suggests that these drugs will enhance and limit the side effects of our current therapies, and, in some cases, replace them. Of course, as always, clinical experience in the real world will measure the true worth of these agents.

Tacrolimus is joined by several other new products now available for different indications. For actinic keratoses, there are 2 new agents available. A new formulation of topical 5-fluorouracil cream (Carac™) may cause less irritation than previous forms of the drug; and aminolevulinic acid HCl for topical solution 20% (Levulan® Kerastick®) represents the first photodynamic therapy for actinic keratoses. Another drug that has shown some efficacy in the treatment of actinic keratoses in early studies is imiquimod cream 5% (Aldara™). Acne also has a new player—a combination product clindamycin 1%-benzoyl peroxide 5% gel (BenzaClin™) that offers a new tool in the treatment of this disease.

REFERENCES

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2. Kang AS, Lucky AW, Pariser D, et al, for the Tacrolimus Ointment Study Group. Long-term safety and efficacy of tacrolimus ointment for the treatment of atopic dermatitis in children. *J Am Acad Dermatol*. 2001;44(suppl):S39-S46.