

# Hand Dermatitis Treatment Should Involve Repair of the Skin Barrier

BY SHERRY BOSCHERT

SAN FRANCISCO — Repairing skin barrier dysfunction due to environmental exposures and endogenous factors is essential for the optimal management of hand dermatitis.

The dysfunction also may be iatrogenic, which adds to morbidity by making the underlying eczema much harder to treat, Dr. Joseph F. Fowler Jr. explained at the women's and pediatric dermatology seminar sponsored by Skin Disease Education Foundation (SDEF).

Age, stress, ultraviolet radiation, low humidity, skin disease, and genetic factors can all lead to epidermal injury and inflammation, which may result in development of damage to the stratum corneum and dermis, causing a vicious cycle of further injury, noted Dr. Fowler of the University of Louisville (Ky.) and president of the North American Contact Dermatitis Group.

Strategies for repairing the skin barrier start with first-generation occlusive moisturizers such as petrolatum to block transepidermal water loss and to let the epidermis heal itself, he noted.

Second-generation moisturizers add emollients and humectants to bind water and lipids for temporary barrier improvement. Today's "regular" moisturizers offer occlusive and humectant activity, he explained. They are useful in situations of mild xerosis or transient subcutaneous damage in which normal healing processes are able to cope with the damage. They are not so effective for patients with prolonged subcutaneous damage, inflammation, or poor inherent repair ability (such as those with atopy).

The newest products, third-generation moisturizers, have occlusive and humectant properties but also add ingredients to provide the raw materials for stimulating barrier repair and for anti-inflammatory effects. Colloidal oatmeal is a third-generation moisturizer. Colloidal oatmeal products contain lipids such as linoleic acid, have an anti-inflammatory effect, and generally are free of common allergens such as preservatives.

Ceramide-containing moisturizers (CeraVe and EpiCeram) also are third-generation products, and with these it is important to get a balanced mixture of ceramides 1, 3 and 6, he advised.

MimyX, a cream containing palmitamide monoethanolamine (PEA), restores the skin barrier by mimicking the composition of skin barrier lipids such as PEA, triglycerides, phospholipids, and squalene, according to data from Stiefel Laboratories, which markets MimyX.

He has been a consultant, speaker, and investigator for Coria Laboratories (now Valeant), which markets CeraVe cream, and for Stiefel.

Dr. Fowler recommended starting treatment for hand dermatitis with a class I or II topical steroid, plus adjunctive therapy with MimyX cream applied at least three times daily, or adjunctive

therapy with high-strength (30%-40%) urea foam or lotion for hyperkeratotic hand eczema.

Dr. Fowler has no association with the companies that market Eleton, Atopiclair, or EpiCeram creams. He has been a consultant, speaker, or investigator for multiple other companies that make skin

care products and treatments, including Allerderm, Galderma, Hyland's, Johnson & Johnson, Quinova, Ranbaxy, Shire, Triax, UCB, Medicis, Novartis, Abbott, Allergan, Amgen, Astellas, Centocor, Dow, Genentech, Taro, and 3M.

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