

ications, such as Neo-Synephrine pediatric formula and L'Oreal Miracle Wear mascara, Dr. Jacob noted.

Chromium is another metal salt that appears in products ranging from cement to leather to match heads. People who keep matchbooks in their pockets can have an allergic reaction to chromate in the shape of a patch on the leg where the matchbook was placed, Dr. Jacob noted. Again, food can increase the dose of the allergen. Orthodontic braces or dental fillings may contain chromium, as do apples (especially the peels); a combination of these items can exacerbate contact dermatitis in an allergic patient.

Bacitracin is another common allergen in the United States. It is one of the components of Neosporin, and this over-the-counter antibiotic ointment has been associated with anaphylaxis in allergic patients, Dr. Jacob warned.

Paraphenylenediamine is an oxidation chemical ingredient that often is used as a hair dye. More recently, it has been used in henna tattoo dyes to make them last longer, despite a Food and Drug Administration warning against the use of this chemical on the skin, Dr. Jacob said.

Formaldehyde and formaldehyde-releasing preservatives are common allergens for children. They are present in

many child care products, including Johnson & Johnson baby shampoo, Baby Magic wash, and Water Babies sunscreen, as well as other cosmetics, baby wipes, and personal hygiene products. Aspartame, or NutraSweet, degrades into methanol, which in turn is metabolized in the liver and releases formaldehyde, Dr. Jacob noted. Children with a formaldehyde allergy may find that their condition resolves when they eliminate diet sodas containing NutraSweet and other NutraSweet-containing products from their diets, she said.

Cocamidopropyl betaine is a detergent that appears in many soaps, shampoos,

and toothpastes, including Cetaphil and Dove products, and Colgate toothpaste. Patients with this allergy may present with dermatitis behind the ear, where shampoo tends to collect; this allergen should be suspected in children with persistent hand dermatitis.

When treating children with allergic contact dermatitis, allowing time for questions and patient education after the patch test is paramount, Dr. Jacob emphasized. Also, recognize the discomfort and frustration children may feel about the patch test process, and about the elimination or reduction of favorite foods, jewelry, or other products. Provide information about safe alternatives. "I can't stress this enough," she said.

Databases such as the Contact Allergen Replacement Database, available through the American Contact Dermatitis Society (www.contactderm.org), let the user type in the patient's allergens. The database cross references the allergens and their cross reactors and provides a list of products that patients can use safely. ■

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The IRLS rating scale assesses severity of RLS symptoms

Assessing symptom severity is an accepted way to determine the impact of RLS on patients and to ascertain whether therapy is addressing the broad range of RLS symptoms. The IRLS rating scale clinically assesses symptoms and evaluates therapeutic efficacy in RLS. It addresses ten RLS characteristics, including five that pertain to symptom frequency and intensity and five that pertain to the impact of symptoms on daily life and sleep (total score ranges from 0 to 40).^{5,6}

Patients with RLS need relief from the broad range of symptoms

RLS is more than a leg disorder or a sleeping problem. Its broad range of symptoms requires therapy that treats the entire scope of the condition, providing quantifiable relief that can be appropriately assessed using the IRLS rating scale.

The IRLS rating scale will continue to provide valuable assessment of RLS symptom relief. For patients who have spent years grappling with the daily and nightly disruptions caused by the broad range of RLS symptoms, the existence of measurable relief could be welcome news.

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ESSENTIAL CRITERIA REQUIRED FOR RLS DIAGNOSIS⁴

1. Urge to move legs—usually accompanied by uncomfortable leg sensations
2. Onset or worsening of symptoms at rest or during inactivity—such as when lying down or sitting
3. Urge to move is partially or totally relieved with movement—such as walking or stretching
4. Worsening of symptoms in the evening and at night

THE IRLS RATING SCALE EVALUATES THE FOLLOWING 10 CHARACTERISTICS⁵

1. RLS discomfort in the legs or arms
2. The need to move around because of RLS
3. Relief of RLS arm or leg discomfort from moving
4. Sleep disturbance due to RLS
5. Daytime tiredness or sleepiness due to RLS
6. Severity of RLS as a whole
7. Frequency of RLS symptoms
8. Severity of RLS symptoms on average
9. The impact of RLS symptoms on daily activities
10. Mood disturbance due to RLS

Meropenem Aids Severe Diabetic Skin Infections

WASHINGTON — Diabetic patients with severe skin infections had greater improvement when treated with meropenem than with imipenem-cilastatin, Dr. John M. Embil reported in a poster presented at the annual Interscience Conference on Antimicrobial Agents and Chemotherapy.

Skin and skin-structure infections are a perpetual problem for many diabetic patients, and may require surgical intervention if left untreated, wrote Dr. Embil of the University of Manitoba, Winnipeg, Canada.

The international, randomized, double-blind study included 1,037 hospitalized patients with complicated skin infections, 398 of whom were diabetic.

The clinical cure rate was 86% among the 204 diabetic patients who received a 500-mg intravenous dose of meropenem every 8 hours, compared with 72% among the 194 diabetic patients who received the same dosing regimen of imipenem-cilastatin. The cure rate among the nondiabetic patients treated with meropenem (87%) was similar to the rate in those treated with imipenem-cilastatin (89%).

Overall, meropenem was associated with slightly higher cure rates for all groups of pathogens—aerobic gram-negative, aerobic gram-positive, anaerobic, and polymicrobial—compared with imipenem-cilastatin, but the differences were not statistically significant. More than 40% of the pathogens were gram-negative aerobic or anaerobic organisms, and 29% of the *Staphylococcus aureus* isolates showed methicillin resistance. A similar spectrum of pathogens appeared in both diabetic and nondiabetic patients.

The study was sponsored in part by AstraZeneca, and the meeting was sponsored by the American Society for Microbiology.

—Heidi Splete