Atopic Dermatitis Tamed By Repair of Skin Barrier

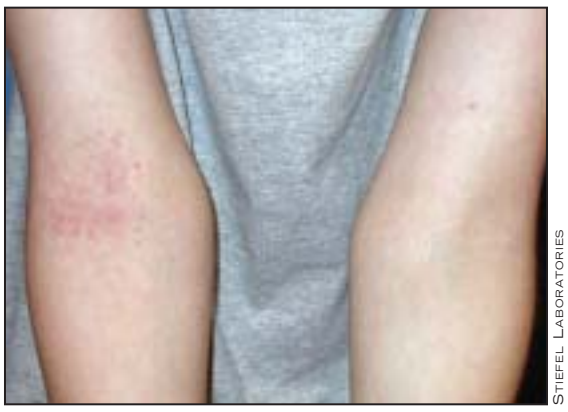
BY DAMIAN McNAMARA
Miami Bureau

SAN ANTONIO — Treatment of atopic dermatitis in pediatric patients is shifting from symptom control to repair of the skin barrier function, Dr. Rebecca Lynn Smith said at a meeting of Skin Disease Education Foundation.

"It used to be we treated flare-ups. Now we aim to repair the skin barrier with integration of physiologic moisturizers," she said. Physiologic moisturizers replace lost lipids, reduce transepidermal water loss, and calm inflammation, according to Dr. Smith, a dermatologist in private practice in Fort Mill, S.C.

A reliance on nonphysiologic moisturizers, such as petrolatum, eased when the physiologic moisturizers MimyX (Stiefel Laboratories), Atopiclair (Chester Valley Pharmaceuticals), and EpiCeram (Ceragenix Pharmaceuticals) became available. Nonphysiologic products "sit on the skin like icing on a cake and prevent water loss. Physiologic moisturizers are incorporated into the skin," said Dr. Smith, who has a consulting agreement with Stiefel Laboratories.

Skin barrier defects in atopic dermatitis include increased stratum corneum chymotryptic enzyme, increased proteases, decreased maturation of lamellar bodies, and decreased filaggrin.



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MimyX and Eucerin were applied for 2 weeks to the child's left arm; only Eucerin to the right arm.

Palmitamide MEA (PEA) is an important component of MimyX nonsteroidal cream, Dr. Smith said. PEA is an essential fatty acid with anti-inflammatory properties.

Researchers conducted a PEA study in which atopic patients applied PEA and Eucerin cream to their left wrist and forearm, and Eucerin cream only to their right wrist and arm. "After 2 weeks you can see the difference," Dr. Smith said.

An open-label, international study assessed 2,456 people aged 2-70 years with mild to moderate atopy treated with adjunctive PEA cream. Results were presented as a poster by Dr. B. Eberien-Koeing and associates at the 2006 annual meeting of the American Academy of Dermatology. They assessed itching, erythema, scaling, dryness, lichenification, and excoriation. "With PEA cream everything significantly improved or was eliminated," Dr. Smith said.

Atopiclair cream contains the anti-inflammatory, antipruritic glycyrrhetinic acid, as well as sodium hyaluronate, a powerful hydrating agent.

Physiologic moisturizers combined with common sense tips for management of atopic dermatitis can make a big difference in quality of life for affected children, Dr. Smith said. "If we can stop these kids from itching and scratching, we can get their skin to heal. An important issue is sleep quality—they are up at night itching and scratching."

A daily bath for children in lukewarm water is recommended, Dr. Smith said. Apply medications and moisturizers immediately afterward, and limit contact with suspected allergens or irritants. Antihistamines are a treatment option. Instruct the parent or guardian keep the child cool and avoid excessive perspiration, dress them in cotton clothes, and file their fingernails, she suggested.

Once atopic flare is under control, consider dilute bleach baths to prevent or treat infections. Add 1/8 cup of bleach to a half-full bathtub for a 5- to 15-minute soak twice a week. "I describe this as a clean, chlorinated pool to moms who are alarmed when I mention a bleach bath," Dr. Smith said. "Make sure they rinse the [bleach] bath off when they are done."

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Atopic Dermatitis Pipeline Promising

PARIS — An investigational anti-inflammatory drug shows promise in reducing the severity of mild to moderate atopic dermatitis, Dr. Karl Beutner said in a poster presentation at the annual meeting of the European Society for Dermatological Research.

A total of 103 patients with mild to moderate atopic dermatitis (body surface area 3%-10%) were randomized to twice-daily treatment with 1% AN0128 (67 patients)—AN0128 has been shown to block inflammatory cytokines in vitro—or the vehicle cream (36 patients) for 4 weeks, wrote Dr. Beutner, chief medical officer of Anacor Pharmaceuticals Inc. in Palo Alto, Calif.

Subjects were evaluated with the six-point Investigator's Static Global Assessment at baseline and on days 3, 7, 14, 28, and 35. With the ISGA, patients are rated as clear, almost clear, mild, moderate, severe, or very severe. Treatment success was defined as a rating of clear or almost clear. All other ratings were treatment failures.

At the end of 4 weeks, 51% of the AN0128 group reached a level of clear or almost clear, vs. 37% of controls.

—Kerri Wachter