

ATOPIC ECZEMA TREATMENT GUIDELINES: PROJECT CREATION AND LAUNCH

• GLOBALSKIN





2022 ATOPIC ECZEMA COMMUNITY WORKSHOP - PRIORITIES

The GlobalSkin Atopic Eczema Community met in 2022 to determine and map priorities for the next three years. Treatment and care guidelines for atopic eczema patients was one of the three priorities agreed upon. A project was developed with the focus this past year on mapping the current guidelines.

Map to identify
best practices in
current guidelines

Identify gaps and
updates needed in
current guidelines

Consider training
and resources that
can improve the
adoption of the
current guidelines



PROJECT GOALS

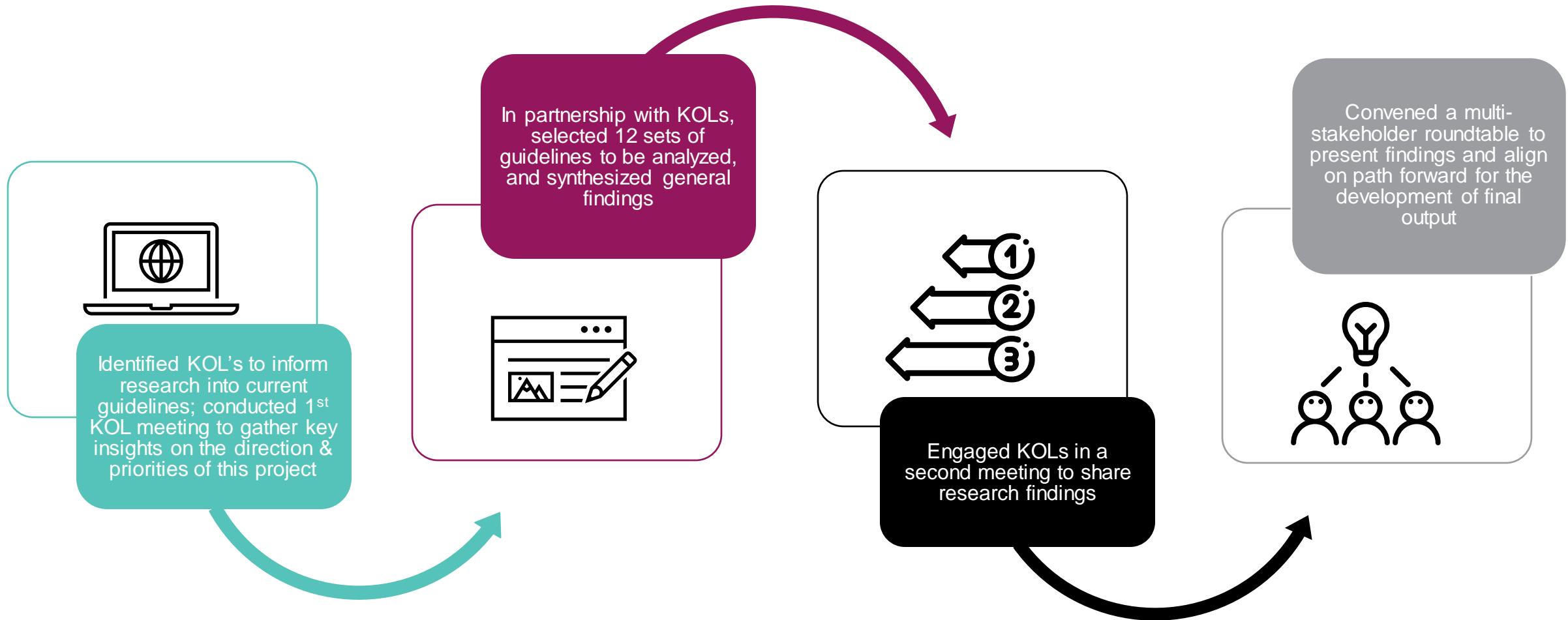
1

Understand the strengths and weaknesses of current treatment guidelines for atopic eczema (AE) across different geographies

2

Synthesize research findings and provide considerations for improving care

PROJECT METHODOLOGY





PROJECT LAUNCH



CREATING A STEERING COMMITTEE

A committee comprised of multiple stakeholders was recruited and convened to provide overall direction to the project, including:

- Current status of guideline development
- Challenges with existing guidelines
- Country-level guidelines to be analyzed further



Steering Committee Members

NAME	ROLE	LOCATION
Bernd Arents	Dutch Association for People Living with Atopic Dermatitis	Netherlands
Ncoza Dlova	Dean, School of Clinical Medicine, Head of Dermatology Department, University of KwaZulu-Natal	South Africa
Lynita Howie	Science Communicator, Global Parents for Eczema Research	USA
Mark Koh	Head and senior consultant of Dermatology Service, KK Women's & Children's Hospital	Singapore
Melanie Funk	Eczema Support Australia	Australia

Steering Committee members recommended specific guidelines to include in the analysis, and offered insights into important elements to consider when conducting the review.





Steering Committee Recommendations

Guidelines that have not been updated in the past five years likely do not reflect the advent of biologics as a treatment option.

In many countries private health care providers follow guidelines but public systems are limited by what is available, regardless of what the guidelines say.

Even if the guidelines call for certain treatments, those may not be affordable. This is particularly true of emollients that are not part of the formulary covered by the health care system.

Guidelines should address all providers who work in atopic eczema, including primary care physicians and pharmacists.

Guidelines vary in how or if they define treatment targets.

Few guidelines address psychosocial aspects of atopic eczema.

Shared decision making should be addressed but also defined. At a minimum, doctors should have a conversation with patients about goals of treatment from the very beginning.

