Nonsteroidal Cream Soothes Kids’ Atopic Dermatitis

BY HEIDI SPLETE
Senior Writer

CHICAGO — A nonsteroidal cream that contains glycyrrhetinic acid (2%) and hyaluronic acid is a safe, effective therapy for mild to moderate atopic dermatitis in infants and young children, based on data from 142 patients aged 6 months to 12 years presented at the annual meeting of the Society for Pediatric Dermatology.

The nonsteroidal cream, Atopiclair (clobetasol propionate 0.05%) in a hydrophilic base, is marketed as Atopica, demonstrated safety and effectiveness in children aged 6-12 years with mild to moderate AD in a randomized, double-blind, placebo-controlled study of 218 patients (J. Drugs Dermatol. 2005;6:236-44).

To assess the safety and effectiveness of the cream in children, Dr. Mark Boguniewicz, of the National Jewish Medical and Research Center in Denver, and his colleagues randomized 72 patients to application of the test cream three times daily and 70 patients to application of a placebo cream three times a day for 43 days. The study was sponsored by Sinclair Pharmaceuticals Ltd. and Graceway Pharmaceuticals LLC.

A total of 206 patients were randomized, but 54 discontinued the study. The most common reason for discontinuation was loss to follow-up (15 patients). Ten children dropped out because of uncontrolled re-bound exacerbation of their AD, and five dropped out because of an adverse event. Overall, the patients who received tacrolimus ointment for the initial treatment of atopic dermatitis had significantly fewer patients from the test group (6 patients) than from the placebo group (20 patients).

Global Assessment scale. After 22 days, 77% of the test group met criteria for “clear” or “almost clear,” whereas none of the placebo patients met these criteria. By the end of the study at 43 days, 78% of the test patients were “clear” or “almost clear” compared with fewer than 7% of the placebo patients.

Itchiness also decreased significantly in the test group during the study period. The average scores on a scale of 0 to 100, on the Visual Analog Scale, which compared the same lesion at baseline and on the last day of the study, dropped from 60 mm to 13 mm in the test group and from 66 mm to 57 mm in the placebo group. By the study’s end, 83% of the patients and caregivers in the test group reported either “good improvement” or “total resolution,” compared with 10% of the placebo group. Similarly, 81% of patients and caregivers in the test group said that they would “definitely” or “likely” continue to use the cream. All reported adverse events were defined as mild to moderate. The most common complaints—a burning sensation on the skin and fever—occurred with the same frequency in both the test and placebo groups (6.9% vs. 7.7%, respectively). The patients received rescue medication at any time during the study included significantly fewer patients from the test group (6 patients) than from the placebo group (20 patients).

AD Flares Controlled With Intermittent Tacrolimus Use

BY HEIDI SPLETE
Senior Writer

CHICAGO — Intermittent treatment with tacrolimus ointment kept atopic dermatitis under control with no need for corticosteroid use by children and teens, safe and effective alternatives for the long-term management of atopic dermatitis (AD) are needed. Because there are concerns about the long-term effects of corticosteroid use by children and teens, safe and effective alternatives for the long-term management of atopic dermatitis (AD) are needed. Because there are concerns about the long-term effects of corticosteroid use by children and teens, safe and effective alternatives for the long-term management of atopic dermatitis (AD) are needed.

A total of 206 patients were randomized, but 54 discontinued the study. The most common reason for discontinuation was loss to follow-up (15 patients). Ten children dropped out because of uncontrolled re-bound exacerbation of their AD, and five dropped out because of an adverse event. Overall, the patients who received tacrolimus ointment had significantly fewer relapse days (47) than those who received a control ointment containing alclometasone (76 days). In addition, the tacrolimus patients remained stable for significantly more days before their first relapses (116 days vs. 31 days), the investigators reported.

Although there was no difference between the groups in the number of children who relapsed at least once, only 6% of the children in the tacrolimus group relapsed for up to 3 days during the study period. In the control group, 19% of the children relapsed for up to 6 days.

The most common adverse events reported by tacrolimus patients were burning and itching at the application site, which reflects results from previous safety studies. The incidence of adverse events was similar between the two groups. In general, tacrolimus ointment has a safety record similar to that of corticosteroids ointment. The FDA approved the initial treatment of moderate to severe AD in children, Dr. Paller and her associates noted.

Bleach Baths for Reducing S. Aureus in Atopy Underused

BY BRUCE JANCIN
Denver Bureau

MAUI, HAWAII — bleach baths are a greatly underused tool for reduction of Staphylococcus aureus skin colonization in patients with atopic dermatitis, pediatric dermatologists said at the annual Hawaii Dermatology Seminar sponsored by Skin Disease Education Foundation.

Dr. Ilona J. Frieden asked for a show of hands as to how many physicians in the large hall have their atopic dermatitis (AD) patients regularly take bleach baths. Perhaps one-quarter of the audience raised their hands. “I certainly do, and I find it a great way to decrease the need for systemic antibiotics,” commented Dr. Frieden, director of pediatric dermatology at the University of California, San Francisco.

“Chlorox may be more than just a whitener,” added Dr. Sheila Fallon Friedlander of the University of California, San Diego.

She cautioned there is as yet no published definitive proof of efficacy. However, a soon-to-be-published study from Texas Children’s Hospital, Houston, did find bleach baths plus regular application of mupirocin in the nares for a year by atopic dermatitis (AD) patients regularly take bleach baths. Perhaps one-quarter of the audience raised their hands. “I certainly do, and I find it a great way to decrease the need for systemic antibiotics,” commented Dr. Frieden, director of pediatric dermatology at the University of California, San Francisco.

The basic formula is one-quarter to one-half a cup of regular Clorox bleach to a full tub of water.

DR. FRIEDEN

Dr. Robert A. Moraru, a dermatologist in private practice in New York who uses bleach baths in his AD patients, shared an alternative method of combating the drying effect: Add about a cup and a half of mineral oil to the bath for moisturizing.

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