Optimizing Topical Therapy In Atopic Dermatitis

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Conflicts/Disclosures

• Research, speaking and/or consulting support from Abbvie, Galderma, GSK/Stiefel, Almirall, Leo Pharma, Baxter, Boeringer Ingelheim, Mylan, Celgene, Pfizer, Valeant, Taro, Abbvie, Cosmederm, Anacor, Astellas, Janssen, Lilly, Merck, Merz, Novartis, Regeneron, Novan, Parion, Qurient, National Biological Corporation, Caremark, Advance Medical, Sun Pharma, Suncare Research, Informa, UpToDate and National Psoriasis Foundation.

• Founder and majority owner of www.DrScore.com

• Founder and part owner of Causa Research, a company dedicated to enhancing patients’ adherence to treatment.
Objectives

• Optimization of topical care
• Evidence-based approaches
• Practical tips to ensure adherence
Optimization of Topical Care

- Topical treatment can be extraordinarily effective
- For example: treatment of a patient with horrible atopic dermatitis
  - Admit the patient to a hospital
  - Put the triamcinolone ointment on in that setting
    - Wet wraps, too
- Dramatic improvement
  - Faster than any systemic treatment

*Anecdotal experience*
Evidenced-Based Approaches

FROM THE ACADEMY

Guidelines of care for the management of atopic dermatitis

Section 2. Management and treatment of atopic dermatitis with topical therapies

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“A” Rated Evidenced-Based Approaches

• For use of moisturizers
• For use of topical corticosteroids
  – Consider steroid side effects
• For use of topical calcineurin inhibitors
  – Use for steroid sparing
  – Use off label in children <2 years
  – Use for proactive maintenance
• Against routine use of topical antistaphylococcal treatments

Practice Guideline

Mild Disease

Basic Management for All patients at All times (add Maintenance and/or Acute Treatment as needed)

1. Skin Care
   a. Moisturizer\(^a\) (choice dependent on patient preference) liberal and frequent
   b. Warm baths or showers using non-soap cleansers or mild soaps generally once daily followed by application of moisturizer\(^a\) (even to 'uninvolved' skin)

2. Antiseptic Measures
   Dilute bleach baths\(^b\) (or equivalent) twice weekly or more (daily for more severely affected children), especially for patients with recurrent skin infections

3. Trigger Avoidance
   Avoid common irritants (eg, soaps, wool), temperature extremes, and proven allergens

Maintenance TCI
(pimecrolimus or tacrolimus)
TO two- to three-times weekly\(^{18-22}\)
OR (if patient is non-responsive)
TO once to twice daily\(^{22,34,15}\)

Maintenance Topical Corticosteroids
Medium potency topical corticosteroids (Class III-IV, see Table 3) once to twice weekly (except for face/eyes)\(^{29}\)
AND/OR (depending on patient/physician preference and lesion location)
Low potency topical corticosteroids (Class V-VII, see Table 3) once to twice daily (including face and eyes)

For Relapsing Course (frequent/persistent flares despite treatment)
Topical Anti-Inflammatory Medication Applied at First Signs/Symptoms or to Flare-Prone Areas

Acute Treatment
Topical Anti-Inflammatory Medication Applied to Inflamed Skin
Low potency topical corticosteroids (Class VII, see Table 3) twice daily for up to 3 days beyond clearance

‘Flare’ (acute worsening of symptoms necessitating escalation in treatment)

Dove or Ivory

Practical Tips to Ensure Adherence

- **Quality of Execution**
  - Acceptance
  - Period of Persistence
  - Discontinuation

**Primary**
- Initiate treatment
- Prescription given

**Secondary**
- Prescription ends

Primary Non-Adherence

- Many patients don’t even fill the prescription
- About $\frac{1}{3}$ of atopic dermatitis prescriptions aren’t filled
- More prescriptions, more unfilled

Secondary Non-Adherence
Atopic Dermatitis Adherence is Miserable

\[ y = -0.0013x + 0.3783 \]

\[ R^2 = 0.0294 \]

Adherence Rates vs. Days

Mean Average Daily Adherence

## Why Are Patients Non-Adherent

<table>
<thead>
<tr>
<th>Poor motivation</th>
<th>The patient may not be particularly bothered.</th>
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<tbody>
<tr>
<td>Secondary gain</td>
<td>Seeking disability or other gain</td>
</tr>
<tr>
<td>Lack of trust in doctor</td>
<td>Physician-patient relationship is the foundation</td>
</tr>
<tr>
<td>Fear of medication</td>
<td>Founded or unfounded fear of treatment.</td>
</tr>
<tr>
<td>Don’t know what to do</td>
<td>Patients may not remember oral instructions</td>
</tr>
<tr>
<td>Burden of treatment</td>
<td>Sometimes the tx is worse than the disease!</td>
</tr>
<tr>
<td>Perceived burden</td>
<td>Sometimes tx seems worse than the disease.</td>
</tr>
<tr>
<td>Passing the responsibility buck</td>
<td>With multiple caregivers, no one may take responsibility</td>
</tr>
<tr>
<td>Forgetfulness</td>
<td>“Pavlov’s dog” problem</td>
</tr>
<tr>
<td>Laziness</td>
<td>No energy to follow treatment.</td>
</tr>
<tr>
<td>Resignation</td>
<td>Some patients have just given up</td>
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</tbody>
</table>

Doctors are lousy at addressing adherence.
Advanced: Psychological Techniques

1. Employing anchoring techniques
2. Recognizing probability bias
3. Providing salient descriptions
4. Understanding loss aversion
5. Framing risks of adverse effects
6. Using adverse effects to advantage
7. Rewarding and praising children

Basics: Complexity, Cost, and Instructions

1. Reduce treatment burden
2. Written instructions
3. Triggers
4. Steroid phobia

Foundation: Trust and Accountability

1. The physician-patient relationship
2. Follow up

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Lewis DJ, Feldman SR. Practical Ways to Improve Patient Adherence, 2017
“Here is your sheet music; recital in 8-12 weeks”
- Piano lessons once a week – great recital
- No weekly lessons – not such a good recital
Have a One Week Return Visit

- Kids with atopic dermatitis
- 0.1% tacrolimus ointment BID
- Return in 4 weeks or 1 week/4 weeks

Reminders & Office Visits for Acne

Mean Weekly Adherence to Once Daily Topical Adapalene 0.1% Gel

Weeks from Baseline

Percent Weekly Adherence

Yentzer B et al. JAAD 2011;64:793-5
Cell Phone Number

• Return visits make people get the medicine and use it
  – Focus on initial adherence also promotes habit
  – A cell phone call can do the same thing
• Giving patients your cell phone number is a powerful statement of how much you care about the patient
  – (whether you answer the phone or not)
• Do Not Preprint Your Cell Phone Number on Your Business Card!
Simplify Treatment

Median Adherence Over Time

Percent Adherence

Week of Study

Fluocinonide 0.1% for 3 Days

Yentzer BA, Ade RA, Fountain JM, Clark AR, Taylor SL, Borgerding E, Feldman SR. Improvement in treatment adherence with a 3-day course of fluocinonide cream 0.1% for atopic dermatitis. Cutis. 2010 Oct;86(4):20813.
Topical Steroid for AD Patients Who “Failed” Topical Steroids

Pruritus

Baseline Day 3 1 week

AD-01 AD-03 AD-04 AD-05 AD-06 AD-10
Written Instructions

- Patients don’t remember “Dove not Ivory”
- Use an Action Plan

Triggers

• Calendar, digital reminders
• “Barrier-type” triggers
  – Antifungals creams on top of the sock drawer
  – Acne treatment cream on top of (or taped to) the toothbrush
• Specialized packaging
  – Weekly pill box
  – Bubble packaging
  – Jar that plays the music from “Frozen”
Prescribe only “all natural” treatments

• The words we use with patients are important
  – Never label patients “non-compliant”

• Never, ever use the word “steroid” with a mom

• Use reassuring words
  – “All natural, organic”
  – “Gluten-free”
  – “Made in a nut-free facility here in America”
  – “Complements natural healing pathways”
  – “Balance, harmony, holistic”
Motivating Kids

• Positive reinforcement
• Sticker calendar
Teen Psychology

- Watch out for oppositional-defiant behavior
- Do not tell teenage patients that other teenagers are non-adherent
  - Teenagers want to be like other teens
- “This is the treatment that most teenagers use for this condition”
- “Most teenagers tell me they need a reminder system. Could you text me in a few days to let me know what system you find best?”

Lewis DJ, Feldman SR. Practical Ways to Improve Patient Adherence, 2017
Anecdote

- Anecdotes are more powerful than data
  - United Airlines
    - 148 million passengers in 2017
    - People remember the one who was beaten and dragged off
- “I had a patient who did really well on drug X”
- “I put my son on this same medication”
Conclusions

• Optimize topical treatment
  – Powerful approach

• Evidenced-based practice
  – Topical moisturizers, corticosteroids & non-steroids

• Get patients to use them
  – There are many tools at your disposal
  – Take responsibility for being as great with adherence as you are with diagnosis & treatment