

Transcript Details

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Navigating Treatment Options for Refractory Moderate-to-Severe Atopic Dermatitis

Announcer

Welcome to ReachMD. This medical industry feature titled, "Navigating Treatment Options for Refractory Moderate-to-Severe Atopic Dermatitis", is sponsored by AbbVie US Medical Affairs.

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Dr. Shi

Atopic dermatitis can be challenging to treat, but for patients with refractory moderate-to-severe disease, limited therapeutic options can make treatment even more challenging. Can advanced therapies help us overcome these barriers?

Coming to you from Little Rock, Arkansas, I'm Dr. Vivian Shi.

Joining me from the ReachMD Studios in Fort Washington, Pennsylvania to explore treatment options for refractory moderate-to-severe atopic dermatitis are Dr. Christopher Bunick and Dr. Alexandra Golant. Dr. Bunick is an Associate Professor of Dermatology at Yale School of Medicine. Dr. Bunick, welcome to the program!

Dr. Bunick

Thank you, Dr. Shi. It's a pleasure to be here.

Dr. Shi

Dr. Golant is an Assistant Professor of Dermatology at Ichan School of Medicine at Mt. Sinai. Dr. Golant, thanks for being here today!

Dr. Golant

Thank you, Vivian. pleasure to be here with you today.

Dr. Shi

Let's start with you, Dr. Bunick. How would you confirm the diagnosis of moderate-to severe atopic dermatitis?

Dr. Bunick

I use a combination of what I see in the clinical exam and what I hear from the patient's personalized experience day-to-day with atopic dermatitis to help make the diagnosis.

Clinically, I look for skin lesions that have the morphology and distribution of atopic dermatitis. I consider involvement of high impact special sites such as the head, neck, face, hands, or genitals, even if the affected body surface area, or BSA for short, is not large.

In talking with the patient, I listen to their concerns, in particular with how it affects their quality of life. Key elements I listen for are itch, sleep disturbance, school performance for children, work performance for adults, and ability to maintain a social life.

According to consensus recommendations from the International Eczema Council, also known as the IEC, disease severity is defined as both severity of lesions and impact on quality of life.¹

Dr. Shi

And turning to you, Dr. Golant, how would you define moderate-to-severe atopic dermatitis that is refractory?

Dr. Golant

I think this is a two-part question. The first question is how do we define moderate to severe atopic dermatitis, and this definition has changed significantly in recent years. Patients can be categorized as moderate to severe by using traditional severity measures, such as an affected BSA of greater than 10%, but based on expert consensus criteria released in 2017,³ regardless of body surface area, patients who have focally severe disease, disease in high impact areas, or if their atopic dermatitis significantly impacts their quality of life can also fall into this category.

Many of our patients with moderate to severe atopic dermatitis have tried long-term topical therapy with corticosteroids or other non-steroidal agents alone and may have also tried systemic immunosuppressive agents such as oral corticosteroids, methotrexate, cyclosporin, or biologics. Refractory patients are those who, despite the appropriate use of these treatments, still have active or recurrent disease that continues to impact their quality of life. This can be judged based on persistent skin lesions or itch. I find it helpful to ask patients how happy they are with their disease control – patients who are not satisfied with their current treatment regimen often have refractory disease and it can be worth discussing other treatment options with these patients.

Dr. Shi

Now if we shift our focus to treatment options, Dr. Golant, can you tell us what advanced treatment options are available for patients with refractory moderate-to-severe atopic dermatitis?

Dr. Golant

With the exception of oral prednisone, traditional systemic immunosuppressive agents are not FDA-approved for atopic dermatitis. In addition, based on the American Academy of Dermatology (or AAD) guidelines, the prolonged use of oral corticosteroids is not recommended for long-term control.² We also know that if systemic steroids are discontinued, patients can suffer from rebound flare and increased disease severity.²

Fortunately, we now have advanced systemic therapies that are FDA-approved that have changed the way we treat this disease.

Injectable biologics – these are monoclonal antibodies, one of which inhibits interleukin-4 and 13 and another which inhibits interleukin-13.

These therapies are indicated for moderate to severe atopic dermatitis that is not adequately controlled with topical prescription therapies or when the use of those therapies are not advisable.

And more recently we have oral small molecules which are Janus Kinase inhibitors, also known as Jak inhibitors.

These therapies are indicated for moderate to severe atopic dermatitis that is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies are inadvisable.

Dr. Shi

Continuing with the topic of advanced therapies, Dr. Bunick, how have they impacted your clinical practice and your patients' quality of life?

Dr. Bunick

I commonly use these advanced therapies in my clinical practice and have witnessed first-hand how they change not only my patients' lives, but also their caregivers'. That is why I use them. Some of these therapies not only clear lesions at a high level, but are also very potent at reducing itch, even in a matter of days, which patients appreciate. This reduction of itch really cannot be overstated because it can help bring back comfort to the patient in all aspects of their lives – school, work, or even social endeavors.

Some of the most memorable feedback I've ever received was a patient thankful he could go swimming again in a pool without the feeling of itch, burning, stinging, and stigma when getting in the water.

Dr. Shi

Turning to you with the same question, Dr. Golant. What kind of impact have these advanced therapies had in your practice?

Dr. Golant

I agree with what Dr. Bunick has already said, but to sum it all up, refractory moderate-to-severe atopic dermatitis has proven to be quite challenging to treat in the past. Many of these patients with refractory moderate to severe atopic dermatitis were being undertreated. These advanced therapies offer hope for these patients and may help achieve higher levels of disease control.

With that said, all medications come with risks, and communicating these risks and benefits is central to all shared decision-making

conversations, which we'll talk about more in our next program.

Dr. Shi

That's a great point for us to think on as we come to the end of today's program. I want to thank my guests Dr. Christopher Bunick and Dr. Alexandra Golant for sharing their insights on the treatment landscape for refractory moderate-to-severe atopic dermatitis. Dr. Golant, Dr. Bunick, it was great speaking with you both today.

Dr. Bunick

It was my pleasure.

Dr. Golant

Pleasure to be here.

Dr. Shi

In the next session we will discuss shared decision making and how to communicate benefits and risks associated with advanced therapies for refractory moderate to severe atopic dermatitis.

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