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Practical Considerations when Using Advanced Therapies for Atopic Dermatitis

Announcer

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Dr. Shi

Advanced therapies can be challenging to manage for patients with refractory moderate-to-severe atopic dermatitis. But taking a patient-centric approach can help us better evaluate our patients.

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

Joining me from the ReachMD Studios in Fort Washington, Pennsylvania to discuss a patient-centric approach to management of atopic dermatitis and factors to be considered when evaluating advanced therapies are Dr. Christopher Bunick and Dr. Alexandra Golant.

Dr. Bunick is an Associate Professor of Dermatology at Yale School of Medicine. Dr. Bunick, thanks for joining us!

Dr. Bunick

Thank you for having me here today.

Dr. Shi

Dr. Golant is an Assistant Professor of Dermatology at the Ichan School of Medicine at Mount Sinai. Dr. Golant, welcome to the program!

Dr. Golant

Pleasure to be here.

Dr. Shi

What practical considerations do clinicians need to know when prescribing advanced therapies for patients with refractory moderate-to-severe atopic dermatitis? Dr. Bunick, let's start with you.

Dr. Bunick

It's important for clinicians to understand the practical considerations when prescribing advanced therapies for these patients with atopic dermatitis, refractory to other systemic therapies.

The first and most obvious is the difference between the injectables which require regular needle-sticks once every 2 to 4 weeks, and the oral Janus Kinase inhibitors, or JAK inhibitors, which do not require needle sticks, but are taken once daily. The latter option may be an excellent choice for patients whose disease is not adequately controlled with other systemic drug products, and who cannot or will not do routine needle-sticks.

Secondly, in general, patients want fast relief of itch and clearance of lesions. Understanding the patient's expectations for relief can be

helpful in choosing a therapy. I educate patients about, not only expected efficacy and rapidity of effect for the different products, but also the risks and safety profile for each product. When patients understand the expected efficacy and risks up front, it often enhances their adherence to the therapy and overall satisfaction.

It is also important for dermatologists to know what ages the advanced therapies can be used in: there are treatments available for children as young as 6 or 12 years old, giving us great options for our pediatric population.

Dr. Shi

Dr. Golant, turning to you with the same question. What are some other factors you consider?

Dr. Golant

So, many patients with atopic dermatitis may prefer rapid control of the symptoms and reduction of itch. One option may offer the ability to achieve a response more quickly than others; however, the benefit-risk profile for each treatment option should be considered for each individual patient.

Some of the advanced therapies for atopic dermatitis come in different doses, which can be an important consideration. The recommended dosage could potentially vary based on age, weight, clinical response, and clinical attributes such as renal and hepatic function. Different dosages give us options clinically to tailor therapy to patients' needs.

I also agree with Dr. Bunick. Some patients or caregivers may prefer oral over injectable treatments due to the ease of administration; however, others may prefer injectables for their frequency of dosing. For adolescents with active lifestyles, busy professionals and frequent travelers, either option may be preferred depending on the patient.

For females of reproductive potential, I advise them to use an effective form of contraception during the treatment with certain oral JAK inhibitors and for one month after the final dose.

This is not uncommon in our daily dermatology practice as effective contraception is required with some highly effective treatments such as oral isotretinoin for acne. Contraception is not required with injectable biologics for atopic dermatitis.

In general, considering the patient's vaccination status, medical history & comorbidities, in addition to concomitant therapies is important. In my opinion, these are all practical considerations when thinking of prescribing one of these therapies.

Dr. Shi

Dr. Golant, what about lab monitoring for advanced therapies?

Dr. Golant

According to the label, laboratory monitoring is required for the oral JAK inhibitors, though the frequency of this monitoring is, for the most part, not specified. For the biologics approved to treat atopic dermatitis, routine laboratory monitoring is not necessary. Though significant high-grade lab anomalies were not frequently seen in the clinical trials for oral JAK inhibitors, it is important to find a monitoring schedule that you feel comfortable with as a prescriber. In general, for JAK inhibitors, I have been doing lab monitoring at baseline, 3 months, and then approximately every 6 months, but this can be personalized to the individual patient, taking into account co-morbidities and concurrent medications.

Dermatologists are generally comfortable with the laboratory monitoring. We have experience doing routine monitoring when prescribing systemic therapies - for various skin conditions - such as isotretinoin, methotrexate, cyclosporine, spironolactone, terbinafine, and some biologics. In all of these situations, I find it helpful to impress upon patients that we will be checking labs in order to make sure they stay safe on the medication, and this is generally well received.

Dr. Shi

With those critical considerations in mind, I want to thank my guests Dr. Christopher Bunick and Dr. Alexandra Golant for sharing their practical tips on using advanced therapies for refractory moderate-to-severe atopic dermatitis. Dr. Golant, Dr. Bunick, it was great speaking with you both today.

Dr. Bunick

It's a real pleasure to be here.

Dr. Golant

Thank you so much for having me here today.

Announcer

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