

Editorial

Obstacles to the delivery of treatment for atopic eczema

Chi Keung is now eight. He has been suffering from atopic eczema since his infancy. Before his first visit to Dr Chan, he has been receiving the care of more than four medical practitioners. Chi Keung's mother has brought along more than a dozen topical and systemic medications, most were prescribed by medical practitioners he has seen but some were bought over the counter. Most of the items were not finished and they were not very sure about the use of the some of the items.

At the first visit, Chi Keung seemed like one of those straight forward cases of atopic eczema of moderate severity. Dr Chan was secretly delighted since it did not look challenging to him both in the diagnosis and management. He prescribed aqueous cream for bath and moisturizer; 1% hydrocortisone cream for the face when mild, acemetasone dipropionate cream when severe; 0.005% fluocinolone acetonide cream for the trunk and limb if mild and 0.1% mometasone furoate cream if severe. He also prescribed tetracycline ointment to cover those scratches, chlorpheniramine maleate 2 mg to take before bed and cetirizine 5 mg drops in the morning. He scheduled to see Chi Keung again in 3 months' time.

When Dr Chan saw Chi Keung again at the second visit, he was surprised to find that Chi Keung's eczema has not improved much. His mother said he has tried all the medications prescribed but they did not help. They have not told Dr Chan that he has used none of the topical steroids for more than 4 days in a row, for fear of the side effects. They have not told

him that they could not tell a severe area from a mild one. They have not told him that since he has started to consult a Traditional Chinese Medicine practitioner, the prescribed topical treatments were stopped. They have also not told him that Chi Keung has been prohibited from eating eggs, beef, seafood and milk for more than a year. Dr Chan was busy grudging his brain trying to decide on the next step of treatment since his prescription has failed. "Should I step up the potency of the topical steroids and order some investigations to prepare for phototherapy or systemic treatment?" he thought.

There are obstacles to the delivery of treatment from the doctors to their patients. With the present understanding of the pathogenesis of atopic eczema, as well as the present available treatment choices, we expect success in treating most patients with atopic eczema. However, in real practice, the treatment outcome is not always encouraging. Without recognizing those obstacles to the delivery of treatment and getting over them, repeated costly visits, unnecessary trials of multiple medications and premature use of risky treatments may result.

Difficulties encountered with topical treatment is one of the obstacles. The fear of side-effect of topical steroid (steroid phobia) is widespread. The need to apply multiple topical medications on different body sites more than one time everyday is difficult to follow. In patients with atopic eczema with more that moderate severity, effects of topical steroids are slow to see, Emollients is not uncommonly found unpleasant

by patients: they are cold to apply in Winter, sticky in Summer, and it irritates if applied on broken skin.

To overcome the problems with topical treatment, individual or group education with demonstration by doctors or trained nurse could be employed. These could be aided by education video and bring home information pamphlets. Web-based information is also a very useful method especially for patient who prefers to seek knowledge over on the web. Good web sites could be suggested to patients to enable them to gain access to accurate information.

There exists some other obstacles that are more commonly found in our locality than in other places. Discussed below are three of them:

Traditional Chinese Medicine (TCM) could be useful in some patients with atopic eczema. While the use of TCM is common, it is not common for doctors, patients and their parents to discuss the use of TCM openly. Patients and parents might think that their doctors would disapprove of their use of TCM and on the other hand, doctors themselves are not prepared to discuss the use of it. This secretive use of TCM jeopardizes doctor-patient relationship and will contribute to poor adherence to the prescribed treatment. If doctors are able to discuss the use of TCM, patients could benefit from availability of one more modality of treatment, and adherence to their prescription will be improved. It is also our responsibility to remind our patient of the fact that like all medications, while TCM could be useful, side effects are also possible.

The easy availability of medications over-the-counter is another factor affecting patient's compliance. Topical treatment is slow to act, and patients are tempted to try items available over the counter instead of sticking to the prescription. Items purchased will either be too potent and leads to side effects, or too weak

leading to treatment failure. Use of over the counter items unknowing to the doctor will also result in the doctor's mis-interpretation of his treatment results: improvement could actually be the results of the quality or quantity of medications purchased over-the-counter instead of those prescribed.

The concept of the relationship between food and atopic eczema among our Chinese patients could also contributes to poor compliance. Believing that food contributes significantly to atopic eczema not only leads to unnecessary food avoidance but also poor adherence to treatment, thinking that avoiding some food items will suffice. If we are able to bring up the issue, explain to parents that food avoidance is unnecessary in patients with mild to moderate atopic eczema, and that the prescribed treatment will work if given time, our patients will comply better. On the other hand, in case of very severe and recalcitrant condition, or in the presence of symptoms of true food allergy, we should be able to give appropriate advice or refer to appropriate centers for further management.

Good doctor patient relationship is an important factor in overcoming the obstacles to the delivery of treatment. Frequent follow up, willing to listen and attend to their patients' psycho-social issues, able to openly discuss issues like TCM, food, over-the-counter medication use and fear of topical steroid will gain patients and parents' trust and improve compliance.

This Autumn issue's review article contains salient information that will not only equip us with evidence based treatment choices, but also enable us to discuss with our patients and parents the important issues that may hinder them from gaining the full benefit of treatment.