

## Dinner Symposium on Atopic Dermatitis

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Dermatology and Venereology

### **Advances in the management of atopic dermatitis: how to maintain atopic dermatitis in good control**

Speaker: Thomas Bieber

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Atopic dermatitis (AD) is a genetically complex disease involving gene-gene and gene-environment interactions. The epidermal hypothesis stated that skin barrier dysfunction enabled allergen penetration leading to inflammation. The basic therapy improved the barrier dysfunction by reduction of xerosis and penetration of irritants/allergens to decrease pruritus. It also restored the microbiota diversity towards that on normal skin. Studies showed that early intervention with basic therapy significantly reduced the incidence of AD and sensitisation in children without AD. The current management of AD involved a stepwise approach. For dry skin only, basic treatment included skin hydration with emollients,

identification and avoidance of specific triggering factors. Regarding mild to moderate AD, topical corticosteroids (TCS) and/or topical calcineurin inhibitors (TCI) should be used. Recent studies highlighted the importance of the proactive management of AD using TCI. In an adult case-control study, twice weekly tacrolimus ointment significantly delayed the time to first major flare. In respect to severe AD, systemic therapy such as phototherapy and immunosuppressants might be considered. Systemic treatments include ciclosporin (2.5-5 mg/kg), azathioprine (100 mg/day), methotrexate (15 mg/week) and mycophenolate mofetil (1-2 g/day). Biologics such as dupilumab, an interleukin-4 alpha receptor inhibitor, showed promising results in phase 3 clinical trials for the treatment of severe AD. Various biomarkers were under investigation for the management of AD including screening in the pre-clinical stage, diagnosis, severity of disease, prediction of response to therapy and prognosis for remission.

#### **Learning points:**

Recent studies highlight the importance of proactive management of atopic dermatitis using topical calcineurin inhibitors.