ISSN 0001-5555

ActaDV

ACTA DERMATO-VENEREOLOGICA

Volume 102 2022 **Supplement No. 223**

ADVANCES IN DERMATOLOGY AND VENEREOLOGY

A Non-profit International Journal for
Interdisciplinary Skin Research, Clinical and Experimental
Dermatology and Sexually Transmitted Diseases

Official Journal of
- European Society for Dermatology and Psychiatry

Affiliated with
- The International Forum for the Study of Itch

ABSTRACTS
from
12th Georg Rajka International Symposium on Atopic Dermatitis
October 17–19, 2022
Montréal, Québec, Canada

Immediate Open Access

Society for Publication of
Acta Dermato-Venereologica
medicaljournalssweden.se/actadv

P11.03
HOW AND WHAT ADVERSE EVENTS ARE REPORTED AND CAPTURED IN RANDOMISED CONTROL TRIALS (RCTS) OF EMOLLIENTS IN THE TREATMENT OF ECZEMA?

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Emollients are universally recommended for atopic dermatitis/eczema but knowledge of the frequency and nature of adverse effects associated with their use is limited. To determine how well adverse events are reported in randomised controlled trials (RCTs) which included a leave-on emollient as treatment for eczema. Medline was searched from inception (1946) to May 2022. Inclusion criteria: RCTs of emollients as a leave-on treatment in adults or children with atopic dermatitis/eczema. Exclusion criteria: non-RCTs; patients with other diagnoses included; use of emollient other than as leave-on treatment (i.e. bath additives or soap substitutes, or as preventative); not published in English; not in humans. The references of eligible papers were reviewed for any additional, relevant research. Data were extracted into an Excel spreadsheet and analysed descriptively. An assessment of study quality was carried out using the JBI tool for RCTs. *Results:* From 369 potential papers, 35 papers were included (exclusions: 330 after initial screening; 11 after reading in full; 7 added from references of eligible papers). 89% reported collecting data on adverse events but the methods used were poorly reported (64% unclear). 11% used patient questionnaires/diaries. Adverse reporting in trials which include emollients in patients with atopic dermatitis/eczema are poorly reported. Future research should clearly report how and what adverse events were captured, and collection and reporting should be standardised across studies.

P11.04
THE GLOBAL ATOPIC DERMATITIS ATLAS: MAPPING THE GLOBAL BURDEN OF AD AND MORE

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Atopic dermatitis (AD) is a highly prevalent, chronic skin disease in children and adults. It ranks 15th among all non-fatal diseases using Global Burden of Disease data (disability-adjusted life years) and first among all skin diseases, making AD an important public health problem worldwide. To develop and maintain the Global Atopic Dermatitis Atlas (GADA), filling gaps in the epidemiological data, developing research tools, conducting original fieldwork and providing recommendations for governments, policy-makers, health professionals and patient organizations based on best evidence. Based on the Global Psoriasis Atlas, GADA was initiated by the International League of Dermatological Societies (ILDS), together with the International Society for Atopic Dermatitis (ISAD), the International Eczema Council (IEC), the European Taskforce for AD (ETFAD) and the International Alliance of Dermatology Patient Organizations (GlobalSkin). The GADA project will have three initial phases: 1) a systematic review of the current epidemiological data on AD burden; 2) international consensus work to improve and standardise epidemiological study designs; and 3) developing research tools for fieldwork. We plan to conduct epidemiological surveys with the developed, standardised methodology, focusing on geographical areas with lack of data. We have published the first GADA report on our website www.atopicdermatitisatlas.org, and will publish our future work in scientific papers and on our website. We intend that GADA will grow and serve as a global resource for all stakeholders dealing with AD.

P11.05
ASSOCIATION BETWEEN THE SEVERITY OF ATOPIC DERMATITIS AND THE QUALITY OF SLEEP

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Introduction: Sleep disorders along with pruritus are indicators of severity in atopic dermatitis (AD) and directly impact the quality of life and emotional well-being of patients and their families. Objective: The first aim of this study was to evaluate the association between the severity of atopic dermatitis, the alteration in sleep quality and its impact on quality of life. *Methods:* This was an observational case series with prospective and cross-sectional chart review conducted in the AD clinic of the Medical Specialties Unit from May to September 2020. 138 patients aged 13 to 88 years were evaluated, including 62 patients with mild, moderate and severe AD. Pruritus, CDLQI, DLQI, and sleep quality using the Pittsburgh Index were assessed by EASI, POEM, and NRS. ITCH. *Results:* 62 patients were included, 61% ($n = 38$) were women and 39% ($n = 24$) men, the average age was 33.14. By EASI, moderate cases were 45% ($n = 28$), followed by mild 32% ($n = 20$) and severe 23% (14). While evaluating sleep quality with the Pittsburgh index, 74% ($n = 46$) slept poorly and 26% well. Associating severity by EASI and poor sleep quality, 80% ($n = 16$) were mild, moderate 68% ($n = 19$) and severe 79% ($n = 11$), without association ($p = 0.699$). In patients who slept poorly ($n = 46$), the POEM evaluation was: mild 67% ($n = 4$), moderate 64% ($n = 21$), severe 100% ($n = 13$) and very serious 78% ($n = 7$), without significant association ($p = 0.066$). A deterioration in sleep quality regardless of severity was observed, being more frequent

in patients with moderate to severe AD, being associated with a poor quality of life.

P11.06
UNTARGETED LIPIDOMIC ANALYSIS OF STRATUM CORNEUM LIPIDS FROM EARLY-ONSET PEDIATRIC ATOPIC DERMATITIS HIGHLIGHTS NOVEL CERAMIDE METABOLIC DEFECTS IN LESIONAL SKIN

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Untargeted lipidomics (Q Exactive HF OrbiTrap) is a quick new technology that, as RNA-Seq or proteomics, allows comprehensive comparison of diseased vs healthy tissues but has yet to be described for skin. We extracted lipids from tape strips of lesional atopic dermatitis/AD-L and nonlesional/NL skin from 31 AD patients (0.2-17.3 yrs old, mean 7 yrs; 51% female; 58% White) and 14 age- and site-matched healthy controls (C). PCA plots showed distinct separation between AD-L and C skin, regardless of sex or age. 637 distinct ceramide species were detected in AD and 616 in C skin, with 291 decreased in AD-L vs. C and 242 reduced in AD-L vs NL skin. Total normalized signal response of ceramides decreased 84% in AD-L and 51% in NL skin vs C ($p < 0.001$). Most ceramide classes decreased by >80% in AD-L vs C skin (EO by 88-93%; ODS/ADS 91%; NP 90%; NH 87%; NSD 83%; OH/AH 83%; and OSD/ASD 82%). We found a new ceramide class (m), overall decreased in AD-L by 81%. A few species were increased in EOSD, OH/AH, OSD/ASD, NDS, NH, NP, and NS classes. Ceramide changes in NL skin were all in AD-L. Decreased AD-L ceramides correlated with SCORAD and EASI scores (Spearman r= –0.4 to -0.57, $p < 0.001$); m-ceramides with EASI and Pruritus ADQ scores (r= -0.43 and r= -0.44, $p < 0.01$). Increases of NDS in AD-L correlated with EASI (r=0.48, $p < 0.01$); and NH, NP, and NS with Itch VAS (r= 0.73 to 0.93, all $p < 0.05$). The capture of known AD lipid patterns but discovery of changes in new lipid species suggests the value of untargeted lipidomics for understanding skin disorders and in clinical trials.

P11.07
USE OF DUPILUMAB FOR ATOPIC DERMATITIS IN PATIENTS WITH IDIOPATHIC NEPHROTIC SYNDROME: A REPORT OF TWO CASES

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Atopic dermatitis (AD) has been historically associated with idiopathic nephrotic syndrome (INS), from landmark case reports to large population-based studies. Pathogeneses of AD and INS show immunopathological similarities, with THL/Th2 dysfunction and an increase in IL-4 and IL-13 activity. Dupilumab is a monoclonal antibody that inhibits IL-4Ra signaling. There are no prospective studies evaluating the effects of dupilumab in patients with both AD and INS. Therefore, we report two cases of AD treatment with dupilumab in patients with INS. Case 1. A 20-year-old woman with a history of asthma, diagnosis of INS at the age of 13 and of AD at the age of 16. She had severe AD with SCORAD of 74.3 despite standard treatment when dupilumab was prescribed. After two months of therapy, she reported significant improvement in symptoms and had a SCORAD of 13.2. At 15 months, her SCORAD was 4.1. Case 2. A 15-year-old boy with a history of asthma, allergic rhinitis, diagnosis of INS at the age of 2 and of AD at the age of 12. He had severe AD with a SCORAD of 47.1 despite standard treatment when dupilumab was prescribed. After 1 month of therapy, symptoms were relieved, and he had a SCORAD of 37.6. Both patients had no INS relapses or experienced any adverse effects. In conclusion, the use of dupilumab for AD in two patients with INS was well-tolerated and effective, with a significant improvement in AD lesions. This is in accordance with similar experiences published elsewhere. Therefore, dupilumab might be an effective and safe treatment for AD patients with INS.

P11.08
CLINICAL AND DEMOGRAPHIC PROFILE OF ADOLESCENT AND ADULT ATOPIC DERMATITIS AND HAND DERMATITIS PATIENTS IN A TERTIARY DERMATOLOGY CLINIC IN LAGOS, NIGERIA

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Atopic dermatitis (AD) is a common chronic inflammatory dermatosis worldwide and is more prevalent in children. However, it may persist into adulthood in up to 25% of people with childhood AD and some develop new-onset adult AD. Hand dermatitis (HD) has also been linked to AD and atopy. To assess the clinical and demographic profile of adolescent and adult patients with AD and HD seen in a dermatology clinic in Lagos, Nigeria. This retrospective hospital-based observational study of the clinic records of a tertiary dermatology clinic in Lagos, Nigeria analysed the demographic and clinical profile of adolescent and adult patients diagnosed with AD and HD from 2016 to 2021. Clinical severity and patient distress (PD) scores were documented. Data was analysed with Microsoft excel and SPSS version 24. A total of 292 patients were diagnosed with AD (clinic prevalence 7.7%). The mean age was 29.6 ± 15.5years; 60.2%F, 39.8%M. Childhood AD history was present in 174 (59.5%), allergic rhinitis or asthma in 141 (48.3%) and Hand dermatitis in 68 (23.3%). The baseline PD score was 7.14 ± 2.26. The main treatment modalities were emollients (100%), topical corticosteroids (88.4%) and keratolytics (72.4%) while 38 (13.0%) required systemic immunosuppressive therapy (corticosteroids or methotrexate) for severe AD. AD is a common dermatological presentation in Nigerian adolescents and adults and most patients had childhood AD. Many adult-onset AD patients also had a history of asthma or allergic rhinitis. Hand dermatitis is a common presentation of atopy. AD causes significant distress in patients.

P11.09
PATIENT PRIORITISATION OF ITEMS FOR THE NEW PATIENT-REPORTED IMPACT OF DERMATOLOGICAL DISEASES (PRIDD) MEASURE: A DELPHI STUDY

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People living with atopic dermatitis (AD) experience poor quality of life, but existing measures do not fully capture this. The Global Research on the Impact of Dermatological Diseases project is developing PRIDD, a new measure of the impact of dermatological conditions on the patient's life, in collaboration with patients. To