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**ABSTRACTS**

from

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seek consensus from patients on the most important impacts of AD and explore patterns in demographics and impact areas. The Delphi study consisted of two rounds. Adults ( $\geq 18$  years) with a dermatological condition were recruited through the International Alliance of Dermatology Patient Organizations' membership network. The survey was available in six languages. Quantitative data were collected using Likert-type ranking scales and analysed against a priori consensus criteria. Qualitative data were collected using free-text responses and a Framework analysis conducted. 208 people with AD from 34 countries participated. The results produced a list of the top 20 impacts on AD patients, with the greatest proportion being psychological. Further subgroup analyses are underway. Results identified what AD patients consider as the most important issues impacting their lives. Data support previous evidence that AD patients experience profound psychological impacts and require psychological support. The results can inform policy and clinical practice by identifying research questions and initiatives that are of most benefit to AD patients.

### P11.10

#### THE IMPACT OF EDUCATION IN INDIGENOUS LANGUAGES ON ATOPIC DERMATITIS AND FACTORS DETERMINING SEVERITY OF ATOPIC DERMATITIS (AD) IN NIGERIAN CHILDREN – WHERE WE ARE

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Presently, there are no digital educational materials made by Nigerians in either English or indigenous language to educate on AD. This study set out to provide digital educational materials in English and Indigenous languages and to compare their impact on AD management. To assess the impact of education in indigenous languages on the outcome and QoL in AD. Patients with atopic dermatitis 16 years and below who can speak (or their primary caregiver) both English and any of the three main indigenous languages or pidgin English are being recruited from schools and outpatient clinics. SCORAD, ViGA, IDLQI/CDLQI, and skin hydration were measured at baseline and 4 weeks later. Educational materials were given in form of video and pamphlet in either English or indigenous language. 14 participants have been recruited from the schools so far (out of 740 students examined) with AD prevalence of 1.9% & 3 from the clinic. 9 participants have completed the 4 weeks assessment. Mean (SD) SCORAD at baseline was 17.82 (7.17) and 6.06 (4.05) -  $p=0.02$ . Mean (SD) pretest respectively of those educated in English and Indigenous language was 4.75 (2.5) and 4.25 (0.5),  $p=0.6$  while the mean (SD) of the post test was 10.4 (1.7) and 9.6 (3.4),  $p=0.6$ . Mean (SD) hydration at baseline and 4 weeks later was 71.9 (9.6) and 50 (13.8) respectively,  $p=0.0006$ . Educational materials contributed to improvement in AD outcome with no difference in whether the education was provided in English or indigenous language. This may be because of the level of education of the caregivers.

### P11.11

#### COGNITIVE DYSFUNCTION IN PATIENTS WITH ATOPIC DERMATITIS USING THE MONTREAL COGNITIVE ASSESSMENT (MOCA) BY A NEUROPSYCHIATRIST

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Atopic dermatitis (AD) is a chronic inflammatory disease, but it is unknown if the cognitive function is affected in AD and how it can be found in both by the physician and by the patient himself. To evaluate cognitive function in patients with AD using the MoCA test applied by a neuropsychiatrist. *Method:* Observational and prospective patients with AD between 17 and 76 years of age. Forty-six patients participated in this study (33 women and 13 men). All were evaluated using the MoCA test, which assesses different superior mental functions (executive, visuospatial, language, attention, memory, calculus, abstraction, and orientation tasks), which are rated from 0 to 30 points being considered normal equal to or greater than 26. Forty-six patients, 33F and 13M with AD were reviewed; of the 46 patients evaluated through the Montreal Cognitive Assessment (MoCA) test, only 18 of them rated with normal parameters  $\geq 26$ , and the remaining 28 obtained scores lower than 26. Of the patients who rated with less than 26 points, we can divide them into two groups: 1) those who had a score of less than 20 (3/28 patients), and 2) those who had between 20 and 25 points (25/28 patients). The first group; score of less than 20 had a deficiency in the following task: 1) executive, 2) attention, 3) language, 4) delayed recall, and more evident affectation in language. In the second group, 25 patients were most clearly affected in the visuospatial tasks. Patients with AD present cognitive dysfunction according to the clinical neuropsychiatrist evaluation and the application of MoCA.

### P11.12

#### COMPARATIVE ASSESSMENT OF THE EFFECT OF FREQUENTLY USED LOCALLY PREPARED EMOLLIENTS ON SKIN HYDRATION AND PH IN ATOPIC DERMATITIS IN NIGERIA (CAEFULESAD): STUDY PROTOCOL FOR A RANDOMIZED CONTROLLED TRIAL

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Effective management of atopic dermatitis (AD) in Sub-Saharan Africa is challenged with unavailability of cost-effective moisturizers in a resource limited scenarios frequently experienced in the African setting. Imported/commercially-prepared moisturizers are expensive though Vaseline (petroleum jelly) still enjoys frequent usage. Incidentally, there are locally prepared products for skin hydration which are usually recommended though scientific evidence of their efficacy is anecdotal. *Objective:* To assess and compare the effects of four very frequently used moisturizers/oils (Vaseline, shea butter, coconut oil and palm kernel oil) in our environment on skin hydration and PH. The study will be a single center, investigator blind, randomized, split-body (concurrent bilateral or within-patient) comparison of Vaseline with Shea butter and Palm kernel oil with Coconut oil on 304 (152 in each group) consenting newly or previously diagnosed patients with AD between age 1 year and 30 years in Ibadan. Baseline clinical assessment of skin for dryness, roughness and flaking will be documented on test sites (specific points on upper arm and forearm, thigh and leg bilaterally) with measurements of skin hydration and PH taken. Repeat measurements will be obtained a week after application of products. *Outcome measures:* Change in skin hydration status; % change in skin PH from baseline; Patient acceptability of the products. The study will establish efficacy of local moisturizer as