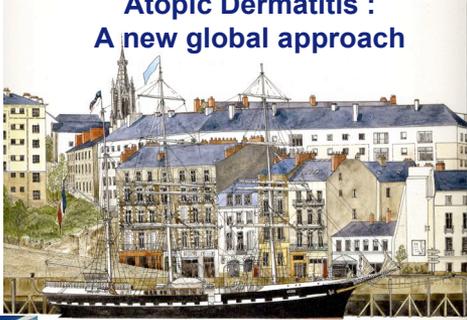


Fukuoka 24 th April 2009

To fight against therapeutic failures in Atopic Dermatitis : A new global approach



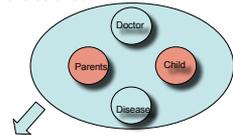
Jean-François Stalder, MD
Nantes France



Therapeutic failures in Atopic Dermatitis in children

Despite a lot of clinical research, new treatments and therapeutic guidelines:

- Frequent treatment failure
- Numerous obstacles related to:
 - The disease
 - The patient
 - The care-giver
 - The doctor?



The treatment: failure or success?

Therapeutic failure: definitions

- **Flare**: increasing of extent and intensity score during 48h despite treatment = SCORAD+25%
- **Lack of remission** : flare-up during the last 2 months
- **Intolerance**: patient opinion after 2 weeks of treatment
- **Resistance** : doctor opinion after 2 weeks of treatment
- Poor **quality of life**:DLQI
- Therapeutic **withdrawal**



A Taieb Rev Fr All Immuno Clin 2008;48:192-5

Disease related obstacles

Therapeutic failure in AD:

- Bacterial or viral superinfection
- Cow milk or food allergy
- Malabsorption and failure to thrive
- Congenital immunological deficit

*For the majority of children: large prevalence
But mild clinical expression in 2/3 of infants*

Srnidesan I -The PACT Study, Norway. Ped Dermatol 2008 Vol. 25 No. 1 13.- 18

Patients related obstacles

- Prevention difficulties (age): *sand pit syndrome*
- Poor compliance for local treatment ...*skin care refusal*
- Difficult mother-child relationship
 - Secondary benefits...*co-bedding*
 - Overprotection

Parents related obstacles

- Disease misinformation
 - Interpretation
 - Belief
 - Fears
- Poor quality of life
- Real-life experience
- Discordance between hope and reality

Doctor related obstacles

- Availability: *time is missing...*
- Poor training
- Poor listening
- Prescription: too complicated or without references to patients beliefs
- Poor local treatment explanation or demonstration
- Unspoken corticophobia: direct or indirect warnings: *no steroid on the face, only limited application...*

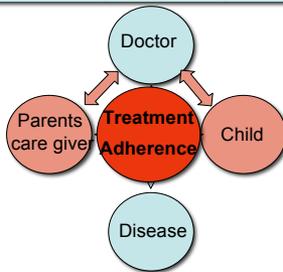
Why do patients with atopic dermatitis refuse to apply topical steroids?

Fukaya, Dermatology, 2000
Hon KL, Steroids fears in children with eczema, Acta Paediatr, 2006

- Reticence due to exaggerated fears : inefficacy, short term effect, secondary effects, lack of confidence
- Major role of the practitioner to convince parents after listening their beliefs

Corticophobia: major cause of bad compliance in atopic patient, for 40 to 70 %

Therapeutic failures in AD: a shared responsibility



« Drugs don't work in patients who don't take them »

Osterberg L. Adherence to medication N Engl J Med 2005;353:487-97

«Adherence» or compliance ?

$\frac{\text{Prescribed dose} \times 100}{\text{Real taken dose}}$

During Chronic disease:

Less than 50%

Topical treatments: < 30 %

Cost: 100 billion US \$ /year

N Engl J Med 2005 353:5

J Am Acad Dermatol 2007;56:211-6

To improve therapeutic adherence: suggested ways

- To **take time** to listen to parents and child:
 - disease course
 - treatment used
 - real-life experience
 - beliefs and fears...
- To **assess** extent and disease severity (SCORAD):
- To **assess** patient and parent quality of life (DLQI)

From EBM to POM

Seven rules to improve therapeutic adherence in AD: PLEASSED

1. **Plan** the long term management
2. **Locate** the poor adherent patients
3. **Explore** the reasons for their reluctance to local treatment: corticophobia, tiredness, loss of confidence
4. **Accept** the « patient preference »
5. **Simplify** local treatment
6. **Explain** the therapeutic contract
7. **Define** a better patient - doctor relationship

Therapeutic education

Education : more than information

- Leaflets, brochures, documents don't sum up education process
- Education material must be adapted to the ability and expectation of patients (or to their family)
- Let the patient express himself in order to better reply to his questions (or to meet his needs)

Beware! too much information kills information

Education : a transfer of competence, knowledge and attitude

Tools for improving patient oriented medicine

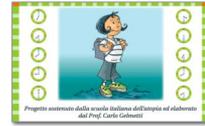
Teaching aid:

- House of atopy
- Bus adventure



Reinforcement acts:

- Tel call
- Mail box



<http://www.opened-dermatology.com/>

Written Action Plan

Tools for improving patient oriented medicine

Given to the parents:

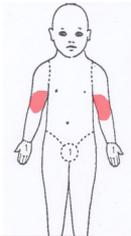
Intending to stay in their hand until the next visit

- Provided instruction for daily treatment
- Provided instruction for step up treatment in case of deterioration
- Provided information giving a direct hotline with the doctor or nurse

Sarah Chisolm JAAD 2008 59/677-83

Patient-Oriented SCORAD: A Self-Assessment Score in Atopic Dermatitis

- Shade in the areas on the outline drawing which correspond to where your eczema is situated.



- For small surfaces you can use the palm of your child's hand. One palm corresponds to around 1% of the body surface.

The extent of your eczema

Oriented Patient Education Network (OPEN)-2008

Dermatology

Dermatology 2009;218:249-251
DOI: 10.1199/dermat.2009.0191

Patient-Oriented SCORAD: A Self-Assessment Score in Atopic Dermatitis

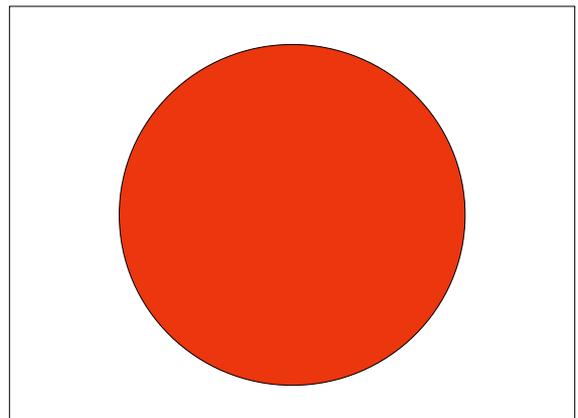
A Preliminary Feasibility Study

M. Yourch-Jourdain^a, S. Barbarot^a, A. Taleb^b, T. Diepgen^c, M. Ambonati^d, V. Durosier^d, V. Sibaud^d, J.F. Stalder^a

^aClinique Dermatologique, CHU Hôtel-Dieu, Nantes, et ^bService de Dermatologie, CHU Bordeaux, Bordeaux, France; ^cDepartment of Social Medicine, Occupational and Environmental Dermatology, University of Heidelberg, Heidelberg, Germany; ^dFranze Fabre Laboratoire, Fondation dermatite atopique, Boulogne, France

Is there crusts or oozing on the eczema zones?

New tools for improving patient oriented medicine



Conclusion

- Besides prescription of powerful and efficient treatment, we need to increasingly integrate an educational approach
- Education demonstrated real efficacy in atopic patients *
- Patient Oriented Management : the only way
 - for a better therapeutic adherence
 - for long term result

* *Staab D:BMJ;332:7547.933*

www.opened-dermatology.com



The OPENED welcome emerging teams in setting up educational structures by associating recommendations, reference documents and clinical research.