ASK THE FACULTY

Why are some cleansers recommended and others are to be avoided?

Answer:

A characteristic feature of atopic dermatitis is dry skin, which makes it important to avoid drying the skin further. Many soaps and harsh detergents typically have an alkaline pH of 9 to 10 compared with the acidic pH of 4 to 5 of normal skin, and can raise the skin pH to an undesirable level, thereby drying skin further.[1] Below is a list of selected soaps and their pH.[2]

pH	Bar Soap	Liquid Soaps
5	—	pHisoderm, Softsoap
6	Dove	Aloe Vera 40, Cetaphil, Dial, Dove, Ivory, Jergens, Neutrogena Rainbath
7	Caress, Oil of Olay	Noxzema, Palmolive
8	—	—
9	Basis, Lava, Neutrogena, Safeguard	—
10	Dial, Irish Spring, Ivory, Jergens, Zest	—

The American Academy of Allergy, Asthma, & Immunology (AAAAI) recommends using a non-soap cleanser that is free of sodium lauryl sulfate, which creates soap's foaming action that can irritate the skin.[1] Examples of non-soap cleansers recommended by AAAAI include Aquaphor Gentle Wash, AVEENO Advanced Care Wash, Basis Sensitive Skin Bar, CeraVe Hydrating Cleanser, Cetaphil Gentle Cleansing Bar, and Dove Sensitive Skin Unscented Beauty Bar. The National Eczema Association has a more comprehensive list of recommended cleansers, which may be found at: https://nationaleczema.org/eczema-products/?fwp_product_category=cleanser.

What effect does diet have on atopic dermatitis? Are food elimination diets recommended?

Answer:

Food allergy is observed in one-in-six children with atopic dermatitis,[3] while fewer adults are affected.[4] The association between food allergy and atopic dermatitis remains unclear due, in part, to the difficulty in establishing the existence of true food allergy, as well as determining if the food allergy exacerbates atopic dermatitis. Current recommendations suggest consideration for food allergy evaluation for milk, egg, peanut, wheat, and soy in children age <5 years with moderate to severe atopic dermatitis if the child has persistent atopic dermatitis in spite of optimized treatment or has a reliable history of immediate reaction after ingestion of a specific food.[4]

If a patient has a true IgE-mediated allergy, avoidance of the allergen is recommended to prevent potential serious health sequelae. However, food elimination diets based solely on food allergy test results are not recommended.[4] A recent review of 43 trials that evaluated one or more forms of dietary modification for the treatment of atopic dermatitis showed some evidence to support specific exclusion diets in selected patients but insufficient evidence to support the use of strict elimination diets.[5] Moreover, a retrospective chart review of 298 patients presenting to a tertiary-care allergy-immunology clinic due to concern for food-triggered atopic dermatitis showed that 19% of patients with food-triggered atopic dermatitis, and no previous history of immediate reactions, developed new immediate food reactions after initiation of an elimination diet; 30% of the food reactions were anaphylaxis.[6] Finally, a survey of 169 patients with atopic dermatitis found skin improvement with the addition of vegetables, organic foods, and fish oil.[7]

What treatment is recommended for patients with atopic dermatitis?

Answer:

The goals of therapy for atopic dermatitis are to[8,9]:

- Reduce the number and severity of flares
- Reduce pruritus and improve quality of life
- Maintain normal activities of daily living
- Maximize disease-free periods
- Prevent infectious complications
- Avoid/minimize side effects of treatment

To accomplish these goals, there are 5 general components: 1) basic medical management; 2) topical therapy; 3) systemic therapy; 4) treatment of complications and comorbidities; and 5) patient education. A key objective of basic medical management is to keep the skin hydrated using moisturizers and limited bathing, as well as trigger avoidance.[10] Topical therapy is utilized for mild to moderate atopic dermatitis, particularly if areas of skin involvement are limited.[10,11] Topical therapies with good evidence supporting their use include topical corticosteroids, topical calcineurin inhibitors, crisaborole, and wet wrap therapy. Systemic therapy is utilized for moderate to severe atopic dermatitis, particularly if there is diffuse skin involvement.[11,12] Systemic therapies with good evidence supporting their use include systemic immunosuppressants, dupilumab, phototherapy, and systemic corticosteroids, although the latter should generally be avoided. The presence of complications such as impaired quality of life, as well as anxiety and depression, should be regularly assessed and treated, as appropriate.[13] In addition to other atopic diseases such as asthma and food allergy,[14] atopic dermatitis is associated with a variety of comorbidities,[15] including cardiovascular diseases,[16-21] osteoporosis/osteopenia,[22] and infection (particularly strep throat and urinary tract infection).[23] Patient (and family) education is critical and should include the natural history of atopic dermatitis, benefits and limitations of available treatments, demonstration of skin care techniques, list of patient support organizations, and written treatment plan.[8] At each visit, patients should be invited to discuss any difficulties they are experiencing, with change to the treatment plan, as appropriate, as well as referral.

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