SUMMARY

General approach to and summary of the guideline for the management of atopic dermatitis

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General approach to the treatment of atopic dermatitis

Mild dermatitis
- Appropriate general measures
- Emollients
- Weak to moderately potent topical corticosteroids (TCSs) depending on body site
- Topical calcineurin inhibitors (TCIs) as second line or where corticosteroids are contraindicated

Moderate dermatitis
- Appropriate general measures
- Emollients
- Moderate-potency TCSs for maintenance
- Potent TCSs for flares
- TCIs (tacrolimus or pimecrolimus) as maintenance for selected skin areas
- Sedating antihistamines

Severe dermatitis
- Appropriate general measures
- Emollients
- Potent TCSs
- TCIs (tacrolimus only) on selected skin areas

Acute flares
- Systemic corticosteroids (short courses)
- Moderately potent to potent TCSs in hospital
- Sedating antihistamines
- Thereafter, maintenance as for chronic disease

Chronic disease
- Ultraviolet (UV) light
- Non-steroidal systemic drugs: azathioprine, cyclosporin, methotrexate, mycophenolate

Severe refractory cases, frequent flares, poor response, moderate dermatitis in young patients
- Refer to dermatologist/paediatrician/allergist as appropriate
- Potent TCSs
- Phototherapy (narrow-band UVB)
- Cyclosporin, methotrexate, oral corticosteroids, azathioprine, mycophenolate mofetil, intravenous immunoglobulin, interferon-gamma
- Psychotherapeutic intervention
### Guidelines for the management of atopic dermatitis

**Diagnosis**

**Pruritus:** ≥3 of the following:
- History of flexural dermatitis (front of elbows, back of knees, front of ankles, neck, around the eyes) or involvement of cheeks and/or extensor surfaces in children ≥18 months of age
- Visible flexural dermatitis involving the skin creases (or the cheeks and/or extensor surfaces in children ≥18 months of age)
- History of a generally dry skin in the past year
- Personal history of asthma or hay fever (history of atopic disease in a first-degree relative in children <4 years of age)
- Onset <2 years of age (used only for children ≥4 years at time of diagnosis)

**Assess severity**

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<tr>
<th>Remission</th>
<th>Flare</th>
<th>Patient education, emollients</th>
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#### Acute control of pruritus and inflammation
- Topical corticosteroids (TCSs)
- Topical calcineurin inhibitors (TCIs)
- Address reason(s) for flare with antibiotics, etc.

#### Active disease

**Adjunctive therapy**
- Trigger avoidance
- Correct bathing
- Skin care
- Antibacterials
- Antifungals
- Antivirals
- Psychological interventions
- Sedating antihistamines

#### Maintenance therapy/chronic treatment
- At the earliest sign of disease recurrence: TCIs
- Long-term TCIs for selected skin areas to prevent flares, or intermittent TCSs weekly to prevent flares
- Intermittent medium-potency TCSs for flares, until subsided

**Severe refractory cases, frequent flares, poor response, moderate dermatitis in young patients**
- Refer to dermatologist/paediatrician/allergist, as appropriate
- Potent TCSs
- Phototherapy (narrow-band ultraviolet B)
- Cyclosporin, methotrexate, oral corticosteroids, azathioprine, mycophenolate mofetil, intravenous immunoglobulin, interferon-gamma
- Psychotherapeutic intervention