FROM THE ACADEMY

Guidelines of care for the management of atopic dermatitis

Section 2. Management and treatment of atopic dermatitis with topical therapies

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Atopic dermatitis is a common and chronic, pruritic inflammatory skin condition that can affect all age groups. This evidence-based guideline addresses important clinical questions that arise in its management. In this second of 4 sections, treatment of atopic dermatitis with nonpharmacologic interventions and pharmacologic topical therapies are reviewed. Where possible, suggestions on dosing and monitoring are given based on available evidence. (J Am Acad Dermatol http://dx.doi.org/10.1016/j.jaad.2014.03.023.)

Key words: antihistamines; antimicrobials; atopic dermatitis; bathing; calcineurin inhibitors; corticosteroids; emollients; topicals; wet wraps.

DISCLAIMER

Adherence to these guidelines will not ensure successful treatment in every situation. Furthermore, these guidelines should not be interpreted as setting a standard of care, or be deemed inclusive of all proper methods of care nor exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding

Abbreviations used:

AAD:	American Academy of Dermatology
AD:	atopic dermatitis
PED:	prescription emollient device
RCT:	randomized controlled trial
TCI:	topical calcineurin inhibitors
TCS:	topical corticosteroids
WWT:	wet-wrap therapy

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Table I. Clinical questions used to structure the evidence review for the management and treatment of atopic dermatitis with topical therapies

- What is the effectiveness of nonpharmacologic interventions such as moisturizers, prescription emollient devices, bathing practices and oils, and wet wraps for the treatment of atopic dermatitis?
- What are the efficacy, optimal dose, frequency of application, and adverse effects of the following agents used as monotherapy or in combination with other topical agents for the treatment of atopic dermatitis?
  - Topical corticosteroids
  - Topical calcineurin inhibitors
  - Topical antimicrobials/antiseptics
  - Topical antihistamines
  - Others (eg, coal tar, phosphodiesterase inhibitors)

the propriety of any specific therapy must be made by the physician and the patient in light of all the circumstances presented by the individual patient, and the known variability and biological behavior of the disease. This guideline reflects the best available data at the time the guideline was prepared. The results of future studies may require revisions to the recommendations in this guideline to reflect new data.

SCOPE

This guideline addresses the management of pediatric and adult atopic dermatitis (AD; atopic eczema) of all severities. The treatment of other forms of dermatitis, such as irritant dermatitis and allergic contact dermatitis in those without AD, are outside the scope of this document. Recommendations on AD treatment and management are subdivided into 4 sections given the significant breadth of the topic, and to update and expand on the clinical information and recommendations previously published in 2004.[1] This document is the second part of the series and covers the use of nonpharmacologic approaches (eg, moisturizers, bathing practices, and wet wraps), along with pharmacologic topical modalities, including corticosteroids, calcineurin inhibitors, antimicrobials, and antihistamines.

METHOD

A work group of recognized AD experts was convened to determine the audience and scope of the guideline, and to identify important clinical questions in the use of topical therapies for AD management (Table I). Work group members completed a disclosure of interests that was updated and reviewed for potential relevant conflicts of interest throughout guideline development. If a potential conflict was noted, the work group member recused himself or herself from discussion and drafting of recommendations pertinent to the topic area of the disclosed interest.

An evidence-based approach was used and evidence was obtained using a systematic search of PubMed, the Cochrane Library, and the Global Resources for Eczema Trials[2] databases from November 2003 through November 2012 for clinical questions addressed in the previous version of this guideline published in 2004,[1] and 1964 through 2012 for all newly identified clinical questions. Searches were prospectively limited to publications in the English language. Medical subject headings (MeSH) terms used in various combinations in the literature search included: "atopic dermatitis," "atopic eczema," "topical agents," "topicals," "nonpharmacologic," "barrier," "emollient," "moisturizer," "bathing," "oil," "topical corticosteroid," "hydrocortisone," "calcineurin inhibitor," "tacrolimus," "pimecrolimus," "coal tar," "phosphodiesterase inhibitors," "antimicrobial," "antiseptic," "retapamulin," "triclosan," "chlorhexidine," "beta-thujaplicin," "mupirocin," "triclocarban," "antibacterial soap," "topical antibiotic," "pseudomonic acid," and "potassium permanganate."

A total of 1789 abstracts were initially assessed for possible inclusion. After removal of duplicate data, 246 were retained for final review based on relevancy and the highest level of available evidence for the outlined clinical questions. Evidence tables were generated for these studies and used by the work group in developing recommendations. The American Academy of Dermatology's (AAD's) prior published guidelines on AD were also evaluated, as were other current published guidelines on AD.[1,3-5]

The available evidence was evaluated using a unified system called the Strength of Recommendation Taxonomy developed by editors of the US family medicine and primary care journals (ie, *American Family Physician*, *Family Medicine*, *Journal of Family Practice*, and *BMJ USA*).[6] Evidence was graded using a 3-point scale based

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