

**XXIX Congresso Nazionale
Società Italiana di Pediatria
Preventiva e Sociale**

**GUIDA PRATICA DEI CORTISONICI IN
DERMATOLOGIA PEDIATRICA
...Nella dermatite atopica**

Giampaolo Ricci

**1000 GRADINI PER IL
FUTURO DEI BAMBINI**

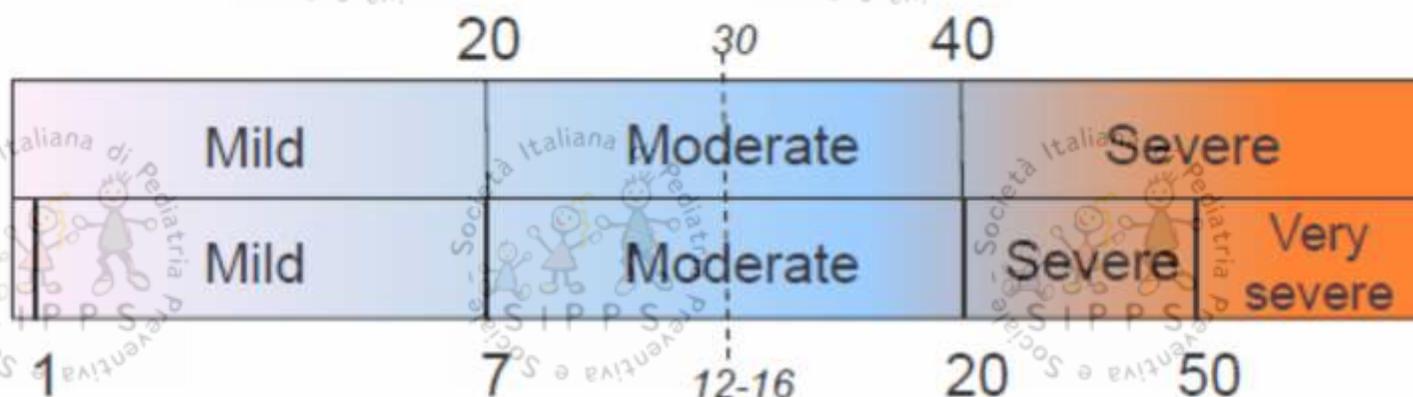
**14-17 Settembre 2017
NH Laguna Palace - Venezia**

Clinical phenotypes and endophenotypes of atopic dermatitis: Where are we, and where should we go?



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Bonn and Munich, Germany; Zurich, Davos, and St Gallen, Switzerland; and Livorno and Pisa, Italy

SCORAD



EASI

FIG 1. Clinical phenotype: stratification according to severity, as exemplified by SCORAD and Eczema Area and Severity Index (EASI) scores (based on Leshem et al²⁴).

Current guidelines for the evaluation and management of atopic dermatitis: A comparison of the Joint Task Force Practice Parameter and American Academy of Dermatology guidelines



J ALLERGY CLIN IMMUNOL
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Italian Journal of Pediatrics

REVIEW

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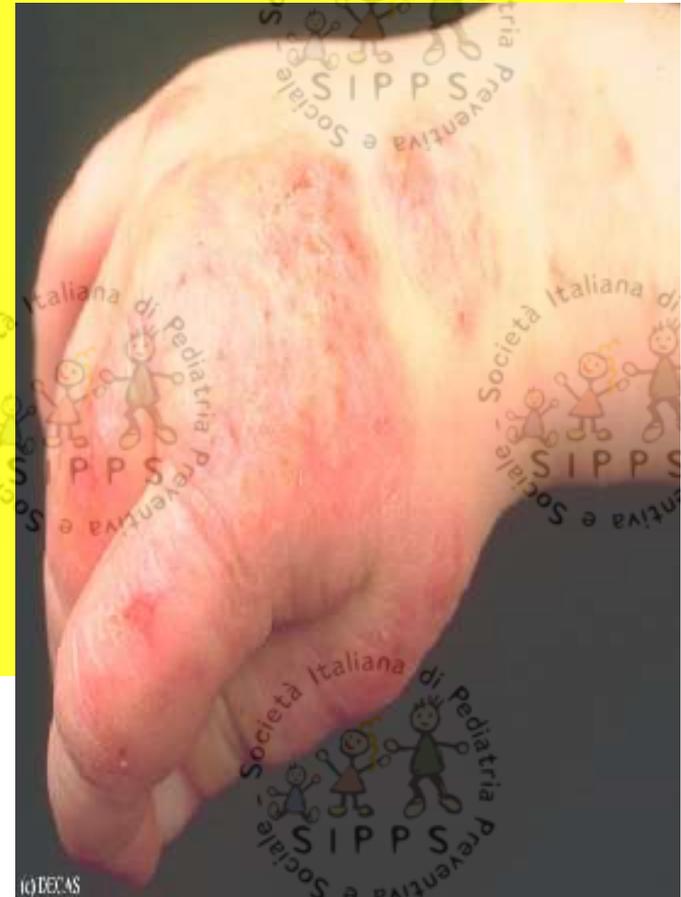
Consensus Conference on Clinical Management of pediatric Atopic Dermatitis

Elena Galli^{1†}, Iria Neri^{2†}, Giampaolo Ricci^{3*}, Ermanno Baldo⁴, Maurizio Barone⁵, Anna Belloni Fortina⁶, Roberto Bernardini⁷, Irene Berti⁸, Carlo Caffarelli⁹, Elisabetta Calamelli³, Lucetta Capra¹⁰, Rossella Carello¹, Francesca Cipriani³, Pasquale Comberiati¹¹, Andrea Diociaiuti¹², Maya El Hachem¹², Elena Fontana⁶, Michaela Gruber¹³, Ellen Haddock¹⁴, Nunzia Maiello¹⁵, Paolo Meglio¹⁶, Annalisa Patrizi², Diego Peroni¹⁰, Dorella Scarponi³, Ingrid Wielander¹³ and Lawrence F. Eichenfield¹⁴

- **Topici corticosteroidi (TCS)**

- Meccanismo di azione
- Modo d'uso
- Reazione avverse ai topici
- La corticofobia

- **Corticosteroidi sistemici**



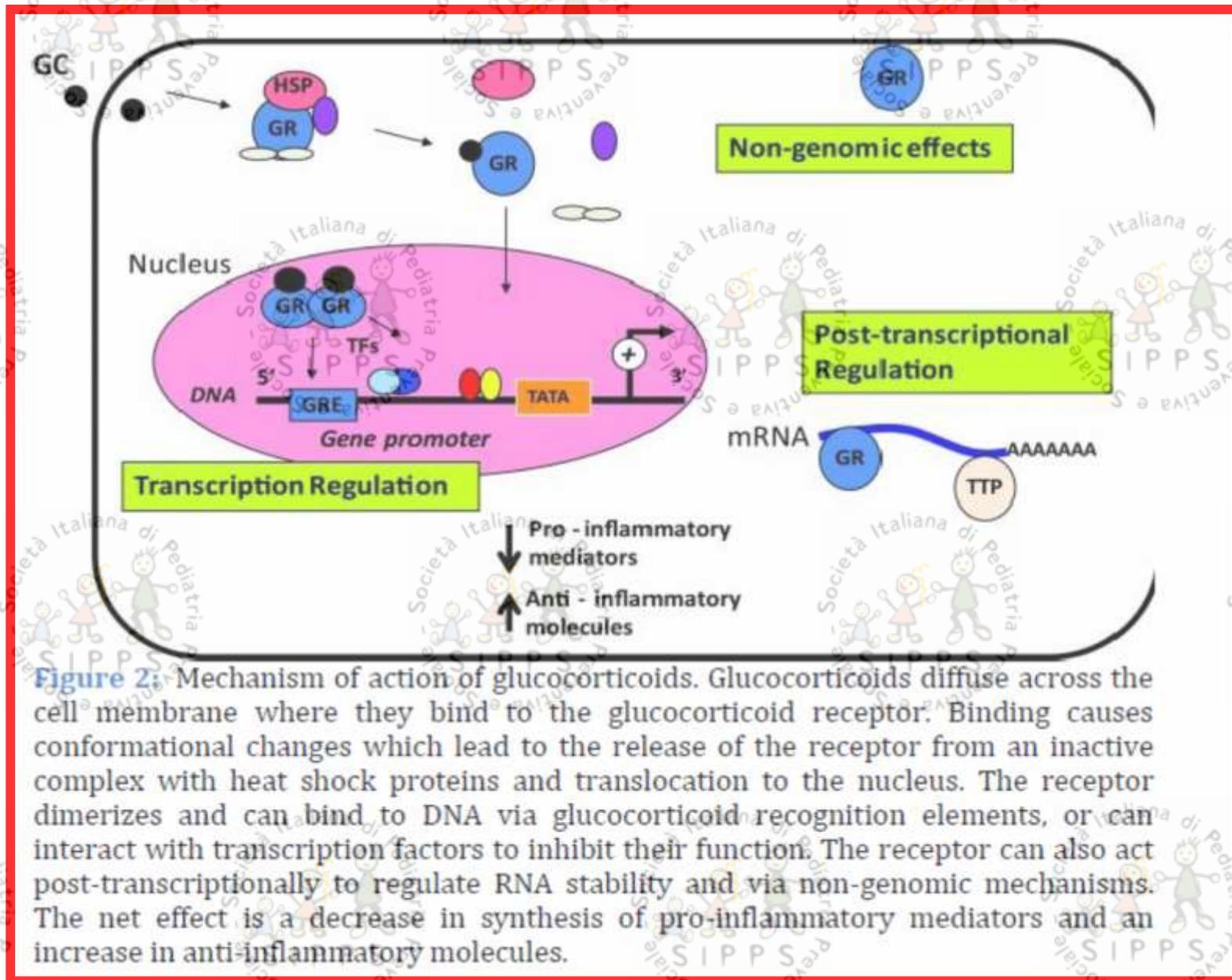


Figure 2: Mechanism of action of glucocorticoids. Glucocorticoids diffuse across the cell membrane where they bind to the glucocorticoid receptor. Binding causes conformational changes which lead to the release of the receptor from an inactive complex with heat shock proteins and translocation to the nucleus. The receptor dimerizes and can bind to DNA via glucocorticoid recognition elements, or can interact with transcription factors to inhibit their function. The receptor can also act post-transcriptionally to regulate RNA stability and via non-genomic mechanisms. The net effect is a decrease in synthesis of pro-inflammatory mediators and an increase in anti-inflammatory molecules.

Quando usare un topico corticosteroideo?

Mancata risposta ad una buona cura della pelle e con regolare utilizzo di emollienti



Quale topico corticosteroideo scegliere?

Bisogna considerare diversi fattori:

- Tipo di lesione, età del paziente, area del corpo in cui applicare il topico
- Preferenze del paziente
- Costo del farmaco



QUALE?

TCS di media alta potenza per controllare la fase acuta



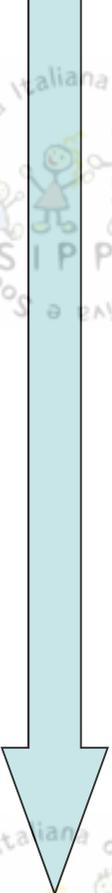
TCS di bassa potenza nella terapia di mantenimento



Potenza delle diverse classi di CST

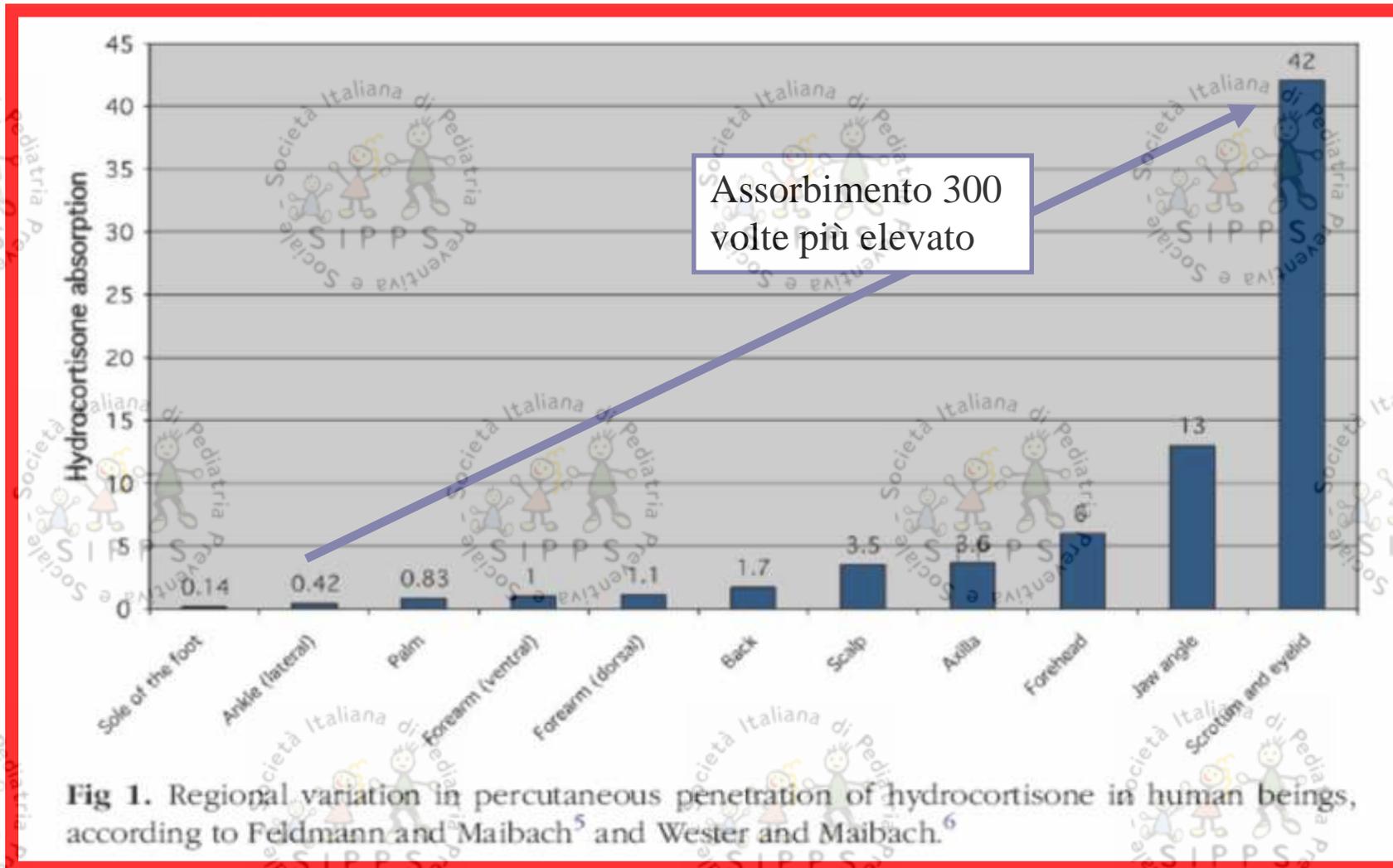
- L'unguento ha una potenza maggiore della crema

1° gruppo	Idrocortisone acetato: Lenirit
2° gruppo	Aclometasone dipropionato: Legederm Fluorocortin estere butilico: Vasplit Clobetasone butirrato: Eumovate
3°-4° gruppo	Idrocortisone butirrato: Locoidon Betametassone valerato: Ecoval Prednicarbato: Dermatop Metilprednisolone aceponato: Advantan Fluticasone propionato: Flixoderm Mometasone furoato: Altosone crema Elocon crema
5° gruppo	Mometasone furoato: Altosone unguento Elocon unguento
6° gruppo	Diflucortolone valerato: Nerisona Desossimetassone: Flubason
7° gruppo	Alcinonide: Halciderm Clobetasolo propionato: Clobesol



**1800 x
più potente**

Assorbimento dell'idrocortisone nell'uomo in relazione alle sedi di applicazione



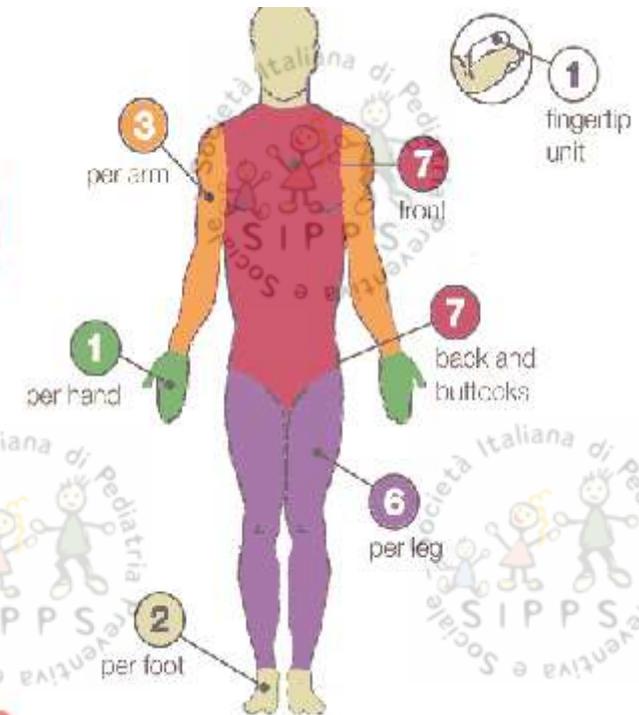
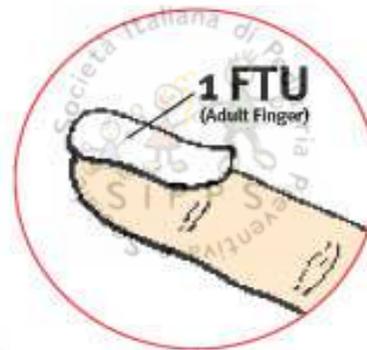
Dosaggio e durata?

- In genere due volte al giorno, ma anche una volta al giorno può essere sufficiente.
- Fino a completa risoluzione della infiammazione cutanea
- La quantità basata sulla *fingertip unit*

Fingertip unit

The fingertip unit method*

FTU = Fingertip unit (adult)
 1 FTU = 1/2 g of cream or ointment.
 Measurement based on 5mm nozzle.



FACE & NECK	ARM & HAND	LEG & FOOT	TRUNK (front)	TRUNK (back inc buttocks)			
1	1	1 1/2	1	1 1/2	3-6 months		
1 1/2	1 1/2	2	2	3	1-2 years		
1 1/2	2	3	3	3 1/2	3-5 years		
2	2 1/2	4 1/2	3 1/2	5	6-10 years		
FACE & NECK	ONE ARM	ONE HAND	ONE LEG	ONE FOOT	TRUNK (front)	TRUNK (back)	Adult
2 1/2	3	1	6	2	7	7	

Il topico steroideo può avere funzione preventiva?

La terapia proattiva intermittente (1-2 volte settimana per 3-4 settimane) è raccomandata per prevenire le ricadute



Come può cambiare l'approccio terapeutico

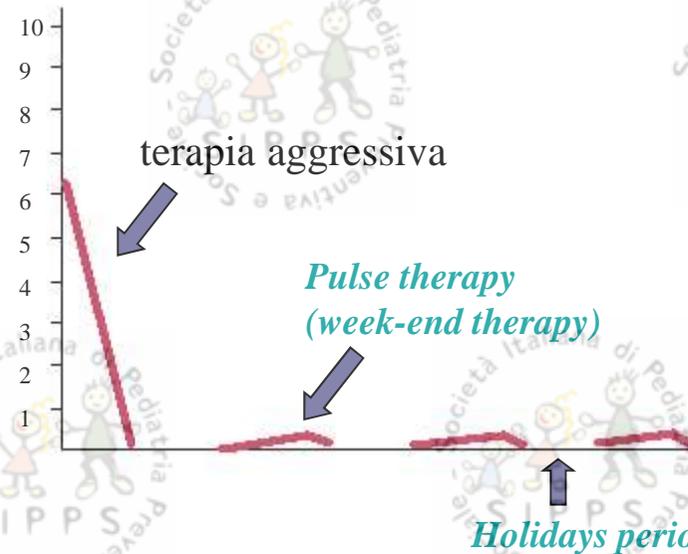
Reactive approach

Gradi della DA



Proactive approach

Gradi della DA

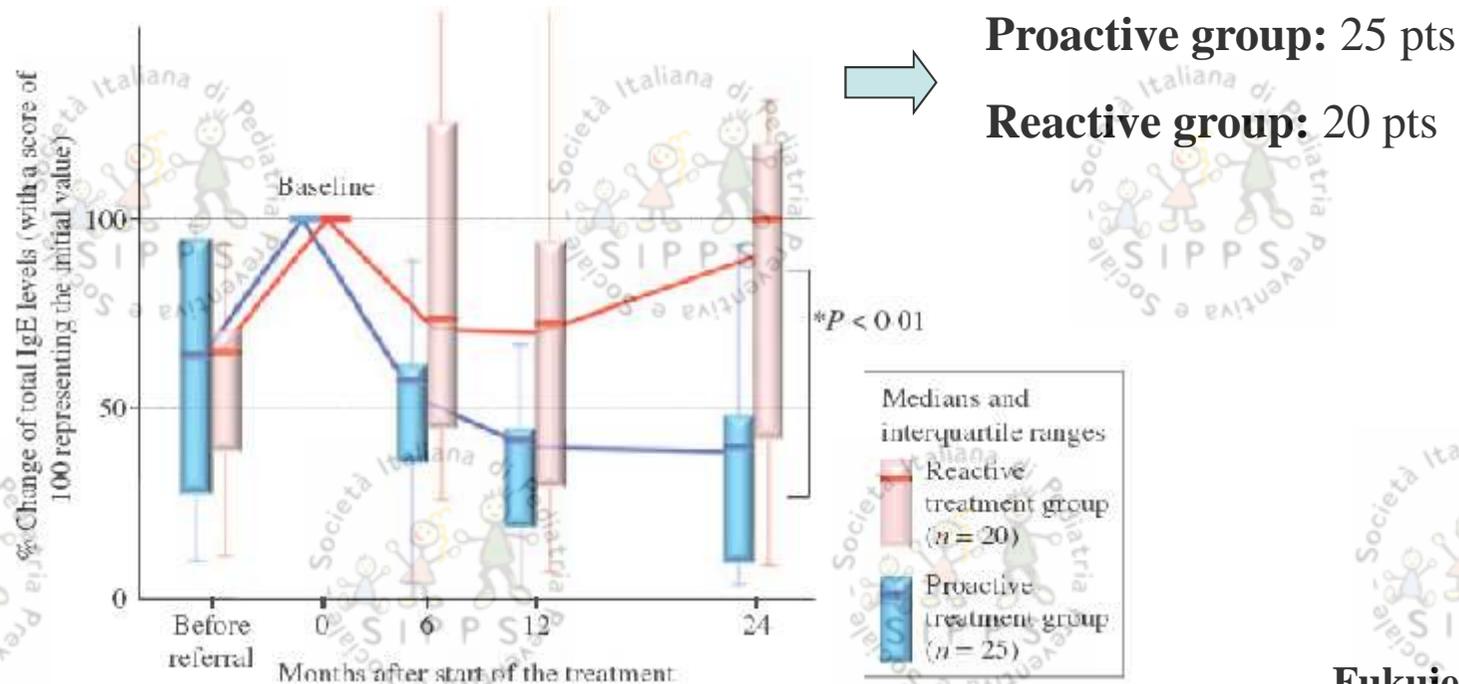


* applicazione continua di emollienti

Proactive treatment appears to decrease serum immunoglobulin-E levels in patients with severe atopic dermatitis

Proactive treatment vs Reactive treatment

A retrospective study – follow-up: 2 yrs



Reazioni avverse

- **Topiche**
 - Eruzione acneiformi o simil rosacea
 - Atrofia cutanea
 - Ipertricosi
 - Porpora-teleangiectasie
- **Sistemiche**
 - Soppressione asse ipofisi-surrene (molto raro)
 - Corticosteroide dipendenza (raro in pediatria)

Sono necessari controlli in corso di terapia con topici corticosteroidi?

- Pur non escludendo effetti collaterali sistemici con soppressione dell'asse ipofisi- surrene, tale condizione è rara dipende dalla quantità e dalla durata della terapia.
- Opportuna **una valutazione clinica** periodica se si usano steroidi potenti e per lunga durata.

Utilizzo particolare dei TCS nella wet wrap therapy

Quando: in presenza di forme poco responsive

Rischi: follicoliti, macerazioni cutanee e infezioni secondarie nelle terapie prolungate



corticofobia

El Hachem et al. *Italian Journal of Pediatrics*
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Italian Journal of Pediatrics

RESEARCH

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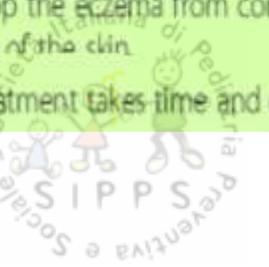


Topical corticosteroid phobia in parents of pediatric patients with atopic dermatitis: a multicentre survey

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Fears and beliefs	Category	I completely disagree	I don't really agree	I agree to a certain extent	I completely agree
TCS are effective over a short time period	E	Sono efficaci		84 (30%)	155 (56%)
TCS are effective over a long time period	E	81 (30%)	58 (21%)	109 (37%)	33 (12%)
TCS become inefficient over time	E	31 (12%)	39 (14%)	110 (41%)	89 (33%)
TCS calm symptoms but don't treat the cause	E	24 (9%)	25 (9%)	67 (24%)	159 (58%)
TCS make eczema worse	E	152 (57%)	58 (22%)	43 (16%)	15 (6%)
TCS stop the eczema from coming up to the surface of the skin	E	33 (12%)	37 (14%)	72 (27%)	129 (48%)
TCS treatment takes time and effort	E	89 (32%)	74 (27%)	73 (27%)	38 (14%)



TCS pass into the bloodstream

Passano nel sangue

40 (15%)

92 (35%)

67 (25%)

TCS can lead to infections

147 (56%)

55 (21%)

40 (15%)

22 (8%)

TCS make you fat

120 (44%)

40 (15%)

69 (25%)

42 (15%)

TCS damage your skin

Danneggiano la pelle

44 (16%)

104 (38%)

65 (24%)

TCS will affect my future health

S 93 (35%)

51 (19%)

90 (33%)

35 (13%)

There is a dependency risk

S 90 (33%)

35 (13%)

84 (31%)

62 (23%)

I can become resistant to TCS

S 42 (16%)

44 (17%)

107 (40%)

72 (27%)

TCS can lead to asthma

S 181 (72%)

36 (14%)

29 (11%)

7 (3%)

I don't know of any side-effects but I'm still afraid of TCS

Ho paura dei TCS

43 (16%)

102 (38%)

82 (30%)

TCS are more dangerous than CS in tablet form

S 177 (66%)

37 (14%)

35 (13%)

18 (7%)

I'm afraid of applying too much cream

76 (28%)

114 (44%)

58 (22%)

11 (4%)

Ho paura a lungo

I'm afraid of using the cream for too long

104 (40%)

77 (30%)

28 (11%)

73 (28%)

I'm afraid of putting cream on certain zones like the eyelids, where the skin is thinner

S 47 (18%)

70 (27%)

71 (27%)

73 (28%)

It's more dangerous to use TCS on children than on adults

S 42 (16%)

72 (28%)

75 (29%)

72 (28%)

I am careful to rub the cream in well when I apply it

S 11 (4%)

27 (10%)

71 (27%)

151 (58%)

I avoid putting TCS on my child's hands

S 78 (30%)

46 (18%)

32 (12%)

102 (40%)

Ho necessità di essere rassicurato

I need reassurance about TCS

79%

61 (23%)

87 (33%)

E efficacy, S safety, Q quality of life, C compliance

TCS treatment is complicated

TCS treatment helps me improve my quality of life

TCS increase my well-being

The advantages of TCS use outweigh the disadvantages

I vantaggi superano gli svantaggi

157 (58%)

26 (9%)

36 (13%)

57 (21%)

27 (10%)

31 (11%)

38 (14%)

122 (44%)

115 (42%)

120 (44%)

19 (7%)

100 (36%)

91 (33%)

87 (32%)

If the doctor prescribed TCS then I would apply the prescription

I wait as long as I can before applying

I stop the treatment as soon as I can

Aspetto fino a che posso prima di metterli

Sospendo il trattamento appena posso

31 (12%)

64 (24%)

87 (33%)

67 (26%)

56 (21%)

90 (34%)

53 (20%)

64 (24%)

87 (33%)

109 (42%)

56 (21%)

90 (34%)



Educazione terapeutica

C'è indicazione ad una terapia corticosteroidea sistemica?



Liu D, Ahmet A, Ward L, et al. A practical guide to the monitoring and management of the complications of systemic corticosteroid therapy. *Allergy Asthma Clin Immunol* 2013;9:30.

Schmitt J, Schakel K, Folster-Holst R, et al. Prednisolone vs. ciclosporin for severe adult eczema. An investigatorinitiated double-blind placebo-controlled multicentre trial. *Br J Dermatol* 2010;162:661-8.

Roekevisch E, Spuls PI, Kuester D, et al. Efficacy and safety of systemic treatments for moderate-to-severe atopic dermatitis: a systematic review. *J Allergy Clin Immunol* 2014;133:429-38.

- I corticosteroidi sistemici non sono raccomandati
- I dati in letteratura che documentino la loro efficacia sono pochi e non troppo robusti
- Possono essere riservati ai casi di DA severa scarsamente controllata da TCS e TIMs come transizione per terapie sistemiche non steroidee o in presenza di comorbidità

- Possibile comparsa di riaccensioni delle manifestazioni cliniche dopo la loro sospensione
- L'impiego routinario di corticosteroidi sistemici deve essere scoraggiato





Prescribing practices for systemic agents in the treatment of severe pediatric atopic dermatitis in the US and Canada: The PeDRA TREAT survey

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Jochen Schmitt, MD, MPH,^d Irene Lara-Corrales, MD, MSc,^e Jeffrey Sugarman, MD, PhD,^f Wynniss Tom, MD,^g
Elaine Siegfried, MD,^h Kelly Cordero, MD,^h Amy S. Paller, MD, MS,ⁱ and Carsten Flohr, MD, PhD^c
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San Francisco, California; St Louis, Missouri; and Chicago, Illinois*

Background: There is a paucity of literature to direct physicians in the prescribing of immunomodulators for patients with severe atopic dermatitis (AD).

Objective: To survey systemic agent prescribing practices for severe childhood AD among clinicians in the United States and Canada.

Table II. Treatment of choice

Drug selection, n (%)	Cyclosporine	Methotrexate	Mycophenolate mofetil	Azathioprine	Oral corticosteroids	Other
First Line	52 (45.2)	34 (29.6)	15 (13.0)	8 (7.0)	6 (5.2)	0 (0.0)
Second Line	21 (18.3)	36 (31.3)	35 (30.4)	23 (20.0)	0 (0.0)	0 (0.0)
Third Line	20 (17.4)	22 (19.1)	28 (24.3)	38 (33.0)	2 (1.7)	5 (4.3)*

*Includes dapsone, intravenous immunoglobulin.

Table III. Dosing schedules

	Initial dose (%)	Maximum dose (%)	Average duration of treatment (%)	Maximum duration of treatment (%)	Regimen to discontinue treatment (%)
Azathioprine	2 mg/kg/day (55.1%)	3 mg/kg/day (70.0%)	4-12 months (60.9%)	>12 months (73.9%)	Taper dose over 1 month (52.2%)
Cyclosporine	3-5 mg/kg/day (53.8%)	3-5 mg/kg/day (71.0%)	4-12 months (65.6%)	4-12 months (62.4%)	Taper dose over 1 month (48.4%)
Methotrexate	300 mcg/kg/week (26.1%)	>400mcg/kg/week (47.8%)	4-12 months (70.7%)	>12 months (78.3%)	Taper dose over 1 month (34.8%)
Mycophenolate mofetil	10 mg/kg/day (39.7%)	>20 mg/kg/day (41.0%)	4-12 months (66.7%)	>12 months (64.1%)	Taper dose over 1 month (51.3%)
Oral corticosteroids	1 mg/kg/day (87.0%)	2 mg/kg/day (75.0%)	2-4 weeks (62.5%)	1-2 months (50.0%)	Variable* among n = 8

*Includes taper dose over 1 month, half dose every 2 weeks, discontinue without a taper, taper dose over 1 week, and 3-4 week taper.

Prescribing success: Developing an integrated prescription and eczema action plan for atopic dermatitis

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Key words: action plan; atopic dermatitis; eczema; integrated prescription; patient education; quality of life; written action plan.



Table I. Suggested characteristics of an eczema action plan

Istruzioni scritte

1. Written set of instructions that stays with the patient
2. Step-wise approach to management with 3 situations: daily management, eczema worsening, and eczema out of control
3. Content validated by dermatologists and incorporation of best practices
4. Written instructions and illustrations validated by patients/caregivers for relevance and clarity
5. Acts as a prescription (endorsed by pharmacists)
6. 4 Copies: patient, pharmacy, chart, and primary care physician

Indicazioni a seconda della gravità

Copie per i soggetti interessati

Table II. Possible components of clinical zones

Terapia differente nelle diverse zone del corpo

Green: Eczema under control

Daily moisturizer ± prophylactic, intermittent use of TCS or TCI

Yellow: Eczema worsening

Face: Tapering twice-daily use of mild (class 6) TCSs or TCIs

Body: Tapering twice-daily use of midstrength (class 4) TSC

Red: Eczema out of control

Seek an appointment with physician

Face: Limited time use of midstrength (class 4) TSC then revert back to yellow

Body: Limited time use of super-potent (class 1) TSC then revert back to yellow

TCI: Topical calcineurin inhibitors; TCS, topical corticosteroids.



Grazie per l'attenzione

