The Importance of improving Skin Barrier Function in Atopic Dermatitis Patients Dr. Michael H. Gold, MD, FAAD Gold Skin Care Center, Tennessee Clinical Research Center, Nashville, TN 37215 USA

Synopsis

Atopic dermatitis (AD) is a chronic, relapsing, inflammatory skin disease, which is part of the atopic triad, AD, asthma and hay fever. The clinical diagnosis includes pruritus, erythema, scaling, edema, excoriations/erosions, oozing, crusting and lichenification.¹ Moisturizers are widely used products that are important in many dermatologic skin therapies. They contain varying combinations of emollients and humectants to achieve their beneficial effects.²

Objective/Purpose

The aim of this review was to explore the role of a moisturizer for improving skin barrier function in atopic dermatitis patients.

Methods:

We reviewed clinical data exploring experience with the use of a moisturizer* that contains ingredients such as sunflower oil, canola oil and a lipid complex of omega 3/ α -linolenic acid, omega 6/linolenic acid, ceramides 1, 3, 6 as well as phytosphingosine and cholesterol (Table 1).

Lipids	Sunflower Oil	Canola Oil	Other			
Omega 3/α- linolenic acid	0.2%	0.5%				
Omega 6/linolenic acid	70%	5%				
Ceramides 1,3,6 phytosphingosine			Biotechnical			
Cholesterol			Plant			
Physiological pH: 5.0< pH 7.0 Fragrance-free formula, Paraben-free						

Table 1: Ingredients of the evaluated moisturizer*



Helianthus annuus grown in Europe



issica campestri. grown in Canada

Table 2. Clinical studies selected for the review

TUDIE 2. CIITICUI SIUDIES SELECIEU IOI ITTE TEVIEW							
No	Study type	Population (N) Results		P value			
1	DB placebo controled RCT (PL) 03 - 2012 till 06 - 2013	Children (6 m -15 yrs) (N=130/ n=65/n=65) Moderate AD	↓ disease state SCORAD at 6 m* ↓ no. flares ↑ time between flares ↓ days on TCS/TCI	*p<0.05			
2	Observational study (BUL) 2015	N = 125 > 6 m Mild-moderate AD	↓SCORAD at 8 weeks	*p<0.05			
3	Prospective study (F) 11-2014 till 06-2015	N = 1759 > 3 m (n=610 (34.7%) very dry skin (n=1149 (65.3%) dry skin during AD flares	↓ clinical signs of AD at 21 days ↓ dryness and pruritus at 21 days	*p<0.0001 *p<0.0001			

DB = double-blind, RCT = randomized controlled trial, TCS = topical corticosteroid TCI = topical calcineurin inhibitor, SCORAD=scoring atopic dermatitis scale m=month, yrs=years, PL=Poland, BUL=Bulgaria, F=France

Patients with moderate AD all receveid TCS or TCI in combination with the moisturizer Moisturizer application was twice daily



Results:

Moisturizing treatment involves improving skin barrier function, retaining/increasing water content, reducing trans-epidermal water loss, restoring the lipid barriers' ability to attract, hold and redistribute water, and maintaining skin integrity and appearance.^{1,2} Three clinical studies were included in the review (Table 3). The results of study 1 are presented in Fig 1.

Study 2: In an observational study including 125 children (>6 months of age) with mildto-moderate AD similar results were shown. At 8 weeks follow up there was a significant improvement (SCORAD) noted in skin condition (p < 0.05).

Study 3: A further prospective study including 1759 subjects (> 3 months) with atopic skin showed a significant (p < 0.0001) reduction in clinical signs of AD at 21 days.

References:

- 1. Eichenfield LF et al. JAAD 2014;70:338-51.
- 2. Hanfin JM, et al. J Am Acad Dermatol. 2005; 52(1):156



Physician scored Whole Body SCORAD



Improvement of patient quality of life

Study 1: In a double-blind placebo controlled trial 130 (65/65) children, aged 6 months to 15 years, with moderate AD were followed for 6 months. Patients with moderate AD all receveid TCS or TCI in combination with the moisturizer or the placebo. Skin condition (SCORAD) had significantly improved (p<0.05) in the moisturizer group compared to the placebo treated patients.

Additionally the number of flares had reduced as well as the amount of time TCS or TCI were used.

SCORAD=scoring atopic dermatitis scale Data on file: Study from March 7th 2012 to June 19th 2013

Conclusions:

A defective skin barrier in AD patients is open to water loss and invasion of allergens. Moisturizers are a mainstay of therapy for AD and can be combined with other treatments. The evaluated moisturizer was shown to be effective in improving skin condition in AD affected patients.

Fig. 1: Study 1: Placebo Controlled Double-blind RCT

Supported with an educational grant from Bioderma Laboratoire Dermatologique Poster: Fall Clinical, October 2018, Las Vegas, Nevada