

# Approach to the Assessment and Management of Adult Patients With Atopic Dermatitis: A Consensus Document

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## Abstract

**Background:** Atopic dermatitis (AD) is a chronic, relapsing, and remitting inflammatory skin disease with complex pathophysiology, primarily driven by type 2 inflammation. Existing guidelines often do not reflect all current therapeutic options and guidance on the practical management of patients with AD is lacking.

**Objectives:** To develop practical, up-to-date guidance on the assessment and management of adult patients with AD.

**Methods:** An expert panel of 17 Canadian experts, including 16 dermatologists and 1 allergist, with extensive clinical experience managing moderate-to-severe AD reviewed the available literature from the past 5 years using a defined list of key search terms. This literature, along with clinical expertise and opinion, was used to draft concise, clinically relevant reviews of the current literature. Based on these reviews, experts developed and voted on recommendations and statements to reflect the practical management of adult patients with AD as a guide for health care providers in Canada and across the globe, using a prespecified agreement cutoff of 75%.

**Results:** Eleven consensus statements were approved by the expert panel and reflected 4 key domains: pathophysiology, assessment, comorbidities, and treatment.

**Conclusions:** These statements aim to provide a framework for the assessment and management of adult patients with AD and to guide health care providers in practically relevant aspects of patient management.

## Keywords

atopic dermatitis, adult atopic dermatitis, consensus statement, management

## Introduction

### Dr. Melinda J. Gooderham and Dr. Chih-ho Hong

The goal of this project was to create an evidence-based overview of atopic dermatitis (AD) for clinicians treating patients with AD. It is meant to be a practical guide for the clinician with a review of pathophysiology, disease assessment, comorbidities, and treatment. As well, a set of consensus statements voted on by a group of Canadian physicians with experience treating AD was generated.

It is the intent of the authors that these statements will help guide clinical decision making and provide optimal care to patients with moderate-to-severe AD.

## Methods

A panel of 17 Canadian experts, including 16 dermatologists and 1 allergist, was chosen based on their clinical and research

expertise and experience in treating moderate-to-severe AD. Based on gaps identified in the disease management literature, the authors identified 4 topics of interest, which would serve as the sections for review at the consensus meeting: (1) pathophysiology and implications for systemic therapy, (2) assessment of disease severity, (3) recognition and management of comorbidities, and (4) treatment options and management of moderate-to-severe AD. Authors were assigned to 1 of the 4 workstreams based on research interest or clinical expertise and developed content for the manuscript within their respective sections.

To guide content development for each of the 4 sections, literature searches were performed in PubMed in February

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2018. Section authors identified keywords for each search (Appendix A) and considered articles published between January 2012 and February 2018. Search results were filtered to include English-language articles and limited to studies in adult populations. A manual search of relevant additional literature was performed as needed based on a review of the literature.

Experts reviewed the manuscript content at a meeting in Montreal on April 22, 2018. During this meeting, the panel discussed the content for the manuscript and voted on 15 initial consensus statements. Statements were reviewed, discussed, and amended as needed. Voting on consensus statements was captured anonymously on a 5-point Likert scale, with responses ranging from *strongly agree* to *strongly disagree*. Voting occurred using a modified Delphi consensus technique with a prespecified cutoff agreement of 75% *agree* or *strongly agree*. Final content for the article was established through discussion and multiple rounds of voting on the consensus statements. A final result of 11 consensus statements was agreed upon by the expert panel.

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## Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: LA has served as an advisor/consultant for, has received grants/honoraria from, and has served as a speaker for Abbvie, Celgene, DS Biopharma, Eli Lilly, Galderma, Janssen, LEO Pharma, Novartis, Sanofi Genzyme, Regeneron, and Valeant. RB is an investigator, consultant, advisory board member, speaker for and/or receives honoraria from Aquinox Pharma, Antiobix, Asana, Astellas, Brickell Biotech, Dermavant, Dermira, Dignity Sciences, Eli Lilly, Galderma, Glenmark, GSK-Stiefel, Hoffman-LaRoche

Ltd, Kiniksa, Leo Pharma, Neokera, Pfizer, Regeneron, Sienna, and Vitae. RB is also shareholder of Innovaderm Research. GD has been an investigator, speaker, advisor, and/or consultant for AbbVie, Amgen, Actelion, Akros, Boehringer Ingelheim, Bristol Meyers Squibb, Celgene, Eli Lilly, Galderma, GSK, Incyte, Janssen, Leo Pharma, Medimmune, Merck, Novartis, Pfizer, Roche, Roivant Sciences, Regeneron, Sanofi Genzyme, UCB, and Valeant. RG has served as an advisor/consultant for Abbvie, Amgen, Celgene, Eli Lilly, Janssen, Mallinckrodt, Novartis, Sanofi, and Leo Pharma; has received honoraria from Sanofi; and has served as a speaker for Abbvie, Janssen, Leo Pharma, Mallinckrodt, and Novartis. MJG has been an investigator, speaker, advisor, and/or consultant for AbbVie, Amgen, Actelion, Akros, Boehringer Ingelheim, BMS, Celgene, Coherus, Dermira, Eli Lilly, Galderma, Glenmark, GSK, Incyte, Janssen, Kyowa Kirin, Leo Pharma, Medimmune, Merck, Novartis, Pfizer, Roche, Regeneron, Sanofi Genzyme, UCB, and Valeant. PG has served as an advisor/consultant for, has received grants/honoraria from, and has served as a speaker for Abbvie, Actelion, Amgen, Aralez, Boehringer Ingelheim, Celgene, Cipher, Dermira, Eli Lilly, Galderma, Janssen, Leo Pharma, Novartis, Pfizer, Regeneron, Sanofi, Valeant, and Vitae. C-HH has been an investigator, speaker, advisor, and/or consultant for AbbVie, Amgen, Actelion, Akros, Boehringer Ingelheim, Bristol Meyers Squibb, Celgene, Eli Lilly, Galderma, GSK, Incyte, Janssen, Leo Pharma, Medimmune, Merck, Novartis, Pfizer, Roche, Roivant Sciences, Regeneron, Sanofi Genzyme, UCB, and Valeant. MGK has served as an advisor/consultant for, has received grants/honoraria from, and/or has served as a speaker for AbbVie, Actelion, Amgen, Aralez, Celgene, Eli Lilly, Janssen, Novartis, and Sanofi Genzyme. IL has served as a consultant, conducted clinical research, or received honoraria from Abbvie, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly, Galderma, GSK-Stiefel, Janssen, Leo Pharma, Merck, Novartis, Pfizer, Sanofi Genzyme, and Valeant. PL has served as an advisor/consultant for, has received grants/honoraria from, and/or has served as a speaker for AbbVie, Amgen, Astellas, Boehringer Ingelheim, Celgene, Eli Lilly, Galderma, Janssen, Leo, Novartis, Pfizer, Sanofi Genzyme, and Valeant. CWL has served as an advisor/consultant and speaker for AbbVie, Galderma, Leo Pharma, Pfizer, Regeneron, and Sanofi

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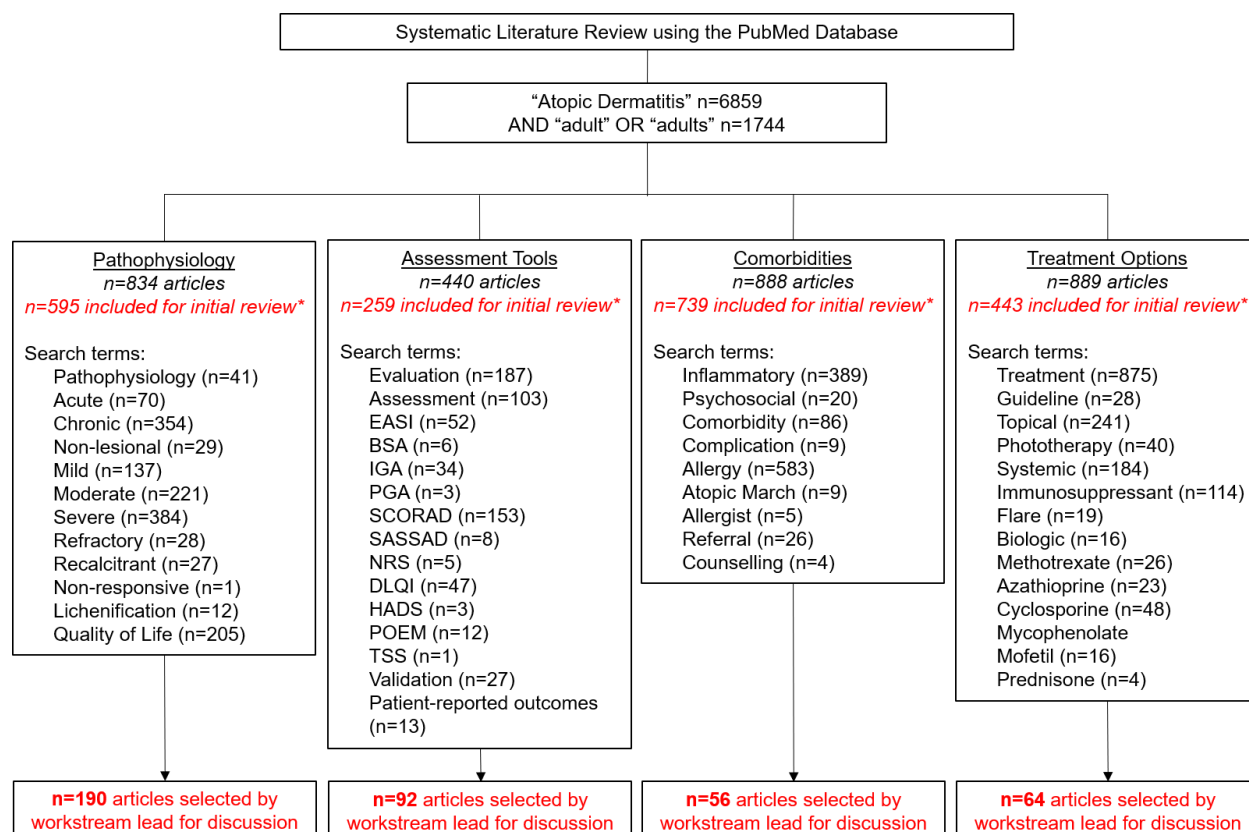
served as a speaker for Abbvie, Amgen, Cipher, Eli Lilly, Galderma, GlaxoSmithKline, Janssen, Leo Pharma, Merck, Novartis, Sanofi, and Valeant. MW has served as an advisor/consultant for, has received grants/honoraria from, and/or has served as a speaker for AbbVie, Amgen, Celgene, Eli Lilly, Galderma, Janssen, Leo Pharma, Novartis, Pfizer, Roche, Sanofi, and Valeant. JY has been a speaker, consultant, and investigator for AbbVie, Allergan, Amgen, Astellas, Boehringer Ingelheim, Celgene, Centocor, Coherus, Dermira, Eli Lilly, Forward, Galderma, GlaxoSmithKline, Janssen, Leo, Medimmune, Merck, Novartis, Pfizer, Regeneron, Roche, Sanofi Genzyme, Takeda, UCB, Valeant, and Xenon.

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**Appendix A.** Literature search methodology, search terms, and article selection. Articles published between January 2012 and February 2018 were taken into consideration. A filter was applied to capture English language studies for adults with AD.

\*Articles were filtered for relevance to adult AD based on title and abstract review and irrelevant articles were excluded from initial author review.