# Discussion on treatment of atopic dermatitis.

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# Introduction

Atopic dermatitis, commonly referred to as eczema, is a chronic inflammatory skin disorder that affects millions of individuals worldwide. Characterized by intense itching, redness, and inflammation, atopic dermatitis can significantly impact the quality of life for those afflicted. Over the years, medical research and advancements in the understanding of its underlying mechanisms have led to the development of various treatment strategies, ranging from topical creams to advanced biologic therapies. This article aims to provide a comprehensive overview of the evolving landscape of atopic dermatitis treatment, highlighting both traditional and innovative approaches.

#### Mechanism of atopic dermatitis

Atopic dermatitis is a multifactorial condition influenced by both genetic predisposition and environmental factors. The disruption of the skin barrier function, immune dysregulation, and an overactive inflammatory response play pivotal roles in the development and progression of the disease. External triggers such as allergens, irritants, and microbial factors can exacerbate the condition, leading to recurrent flare-ups [1].

#### Traditional topical treatments

**Emollients and Moisturizers**: Maintaining proper skin hydration is essential for managing atopic dermatitis. Emollients and moisturizers help improve the skin barrier function, reduce water loss, and alleviate itching and dryness.

**Topical corticosteroids:** These anti-inflammatory agents are commonly used to control acute flare-ups by reducing redness, itching, and inflammation. They are available in various potencies, and the choice of strength depends on the severity and location of the lesions.

**Topical calcineurin inhibitors:** Tacrolimus and pimecrolimus are immunomodulatory agents that help control inflammation and itching. They are particularly useful for sensitive areas of the body where corticosteroids may be less suitable [2].

## **Emerging topical therapies**

**Topical Phosphodiesterase-4 (PDE-4) inhibitors:** Crisaborole is a novel class of topical therapy that targets the PDE-4 enzyme, reducing inflammation and pruritus. It offers an alternative for patients who may not tolerate or respond well to traditional treatments. Janus Kinase (JAK) inhibitors: Topical JAK inhibitors like tofacitinib have shown promising results in clinical trials by targeting specific cytokines involved in the inflammatory response. These agents hold potential for patients with moderate to severe atopic dermatitis.

#### Systemic therapies

**Oral antihistamines:** While primarily used for managing itching, oral antihistamines can provide relief from the discomfort associated with atopic dermatitis. However, their efficacy varies among individuals.

**Oral corticosteroids:** Reserved for severe cases, short courses of oral corticosteroids can quickly alleviate inflammation and itching. Long-term use is avoided due to potential side effects.

**Immunosuppressant:** Systemic immunosuppressive agents like cyclosporine and methotrexate are considered for severe cases unresponsive to other treatments. They modulate the immune response to control inflammation [3].

#### **Biologic therapies**

**Dupilumab:** A breakthrough in atopic dermatitis treatment, dupilumab is a monoclonal antibody that inhibits interleukin-4 and interleukin-13 signaling, key drivers of inflammation. It has shown remarkable efficacy in reducing symptoms and improving quality of life.

**Upadacitinib:** Systemic JAK inhibitors have demonstrated promising results in clinical trials, offering a new avenue for patients with moderate to severe disease.

**Phototherapy:** Ultraviolet (UV) Light Therapy: Controlled exposure to UV light, particularly UVB and UVA, can help reduce inflammation and improve symptoms. Phototherapy is often considered when other treatments prove ineffective [4].

#### Complementary and alternative approaches

**Probiotics:** Some studies suggest that certain strains of probiotics may help modulate the gut microbiome and influence immune responses, potentially impacting atopic dermatitis symptoms.

Herbal and natural remedies: Ingredients like chamomile, calendula, and coconut oil have been explored for their antiinflammatory and soothing properties.

## Lifestyle and preventive measures

**Skin care:** Gentle cleansing, avoiding hot water, and regular moisturization are essential for maintaining skin health and preventing flare-ups.

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Allergen avoidance: Identifying and minimizing exposure to allergens that trigger flare-ups, such as certain foods or environmental factors, can help manage symptoms [5].

#### Conclusion

The treatment landscape for atopic dermatitis has evolved significantly, offering a range of options catering to different disease severities and patient preferences. From traditional topical therapies to cutting-edge biologics and emerging systemic agents, researchers continue to uncover new insights into the disease's mechanisms, leading to innovative approaches. Personalized treatment plans that consider a patient's medical history, lifestyle, and severity of disease are crucial for achieving optimal outcomes and improving the lives of individuals with atopic dermatitis. As the field continues to advance, further breakthroughs hold the promise of even more effective and tailored therapies in the future.

### References

- 1. Beck LA, Thaçi D, Hamilton JD, et al. Dupilumab treatment in adults with moderate-to-severe atopic dermatitis. N Eng J Med. 2014;371(2):130-9.
- 2. Levy LL, Urban J, King BA. Treatment of recalcitrant atopic dermatitis with the oral Janus kinase inhibitor tofacitinib citrate. J Ame Acad Dermatol. 2015;73(3):395-9.
- 3. Ruzicka T, Hanifin JM, Furue M, et al. Anti–interleukin-31 receptor A antibody for atopic dermatitis. N Eng J Med. 2017;376(9):826-35.
- 4. Garg N, Silverberg JI. Epidemiology of childhood atopic dermatitis. Clin Dermatol. 2015;33(3):281-8.
- 5. Paller AS, Tom WL, Lebwohl MG, et al. Efficacy and safety of crisaborole ointment, a novel, nonsteroidal phosphodiesterase 4 (PDE4) inhibitor for the topical treatment of atopic dermatitis (AD) in children and adults. J Am Acad Dermatol. 2016;75(3):494-503.