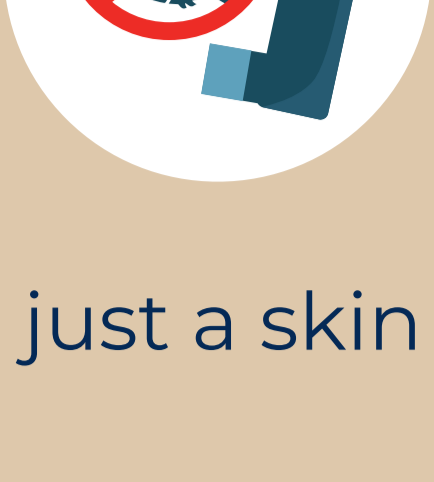


SHARED DECISION-MAKING IN ATOPIC DERMATITIS

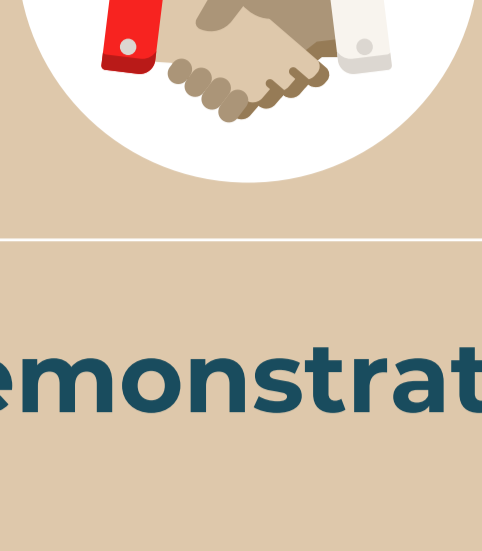
Atopic Dermatitis (AD) Is a Multisystem Disease



It is not just a skin disease



It requires whole patient care, not just skin care



Shared decision-making improves patient outcomes

Demonstrated Improvements in Outcomes Include:



Reduced disease severity



Increased use of prescribed skin care plans



Improved parental confidence in ability to follow treatment plans

Care Is Best Managed via a Team With the Patient at the Center



Patient is an active participant and approves of the plan



Healthcare provider (HCP) team (primary care physician, dermatologist, allergist)



Extended HCP team (nurse, nurse practitioner, dietician, psychologist)

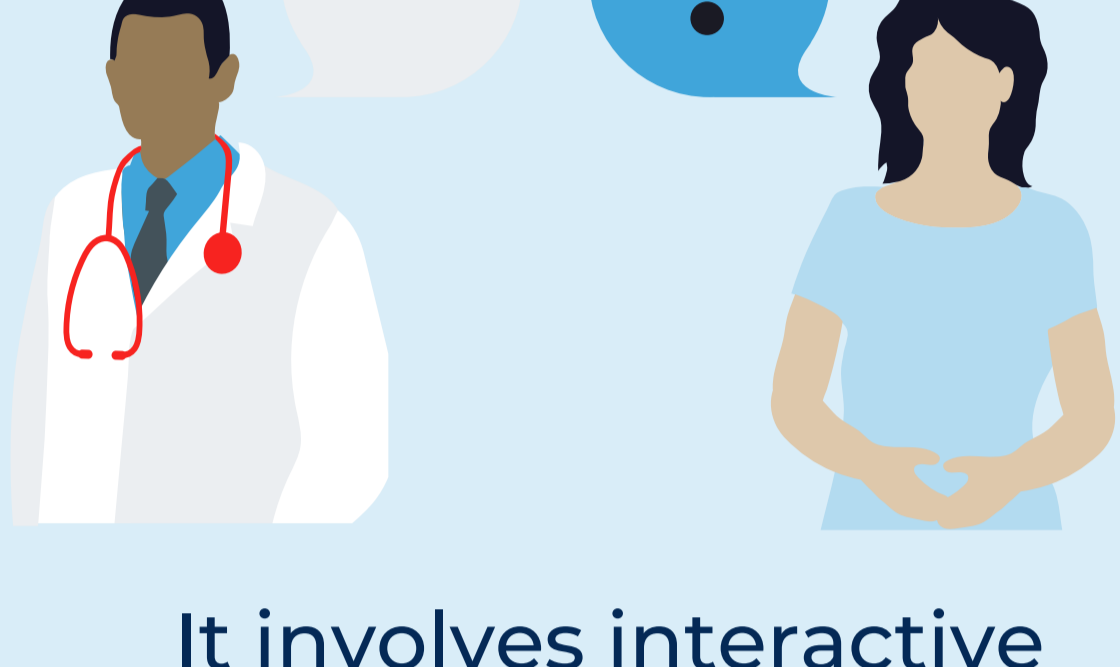


Family and friends

Shared Decision-Making Should Occur at Every Visit

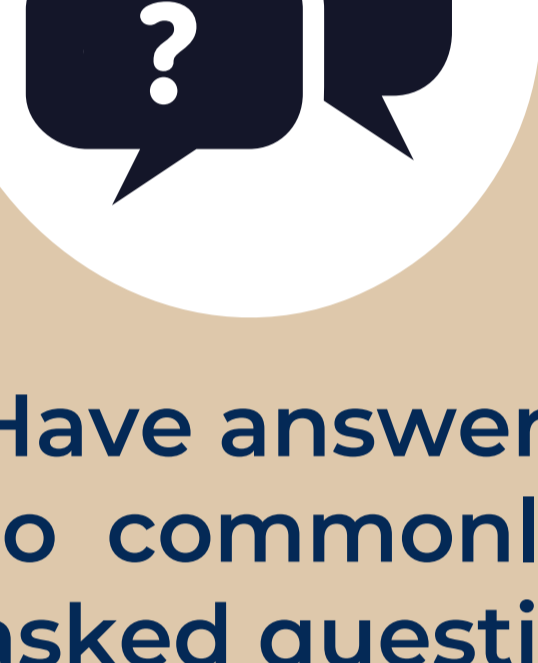
It assesses many variables:

- Medical treatment
- Quality of life
- Activities of daily living
- Social factors



It involves interactive dialogue and uses time for questions

The Examination Is Multifactorial



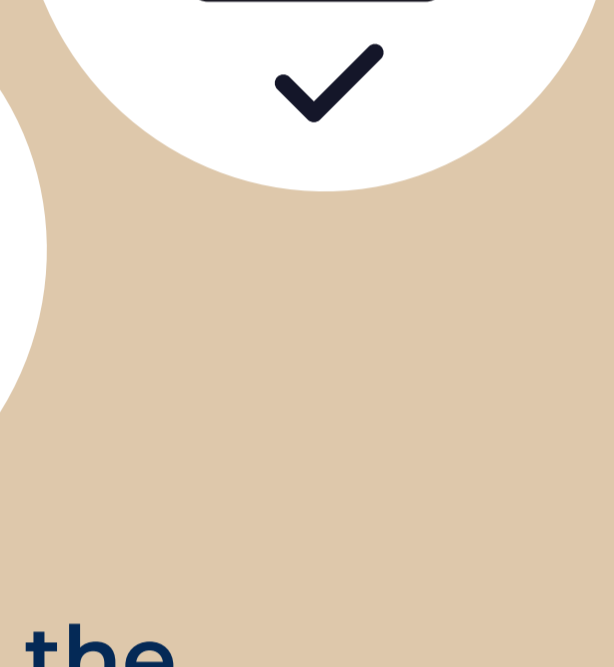
Have answers to commonly asked questions

- Should I change my diet?
- How long will AD last?
- Will the rash come back?
- What are the side effects of topical steroids?
- Are there any natural therapies?



Let the family know that you take AD seriously

- Ask about the impact on the patient and family
- Ask about itch and sleep, not just active rash
- Look at the rash
- Sympathize with the frustrating nature of AD



Find out what is important to the patient and caregiver

- Medication frequency
- Choice of treatment vehicle (ointment vs cream vs oil)
- Preference for a rigid plan or broad guidelines on medication use

Get on the same page as the patient

- Use your examination to define symptoms. Itchiness vs:
 - Postinflammatory hyperpigmentation
 - Postinflammatory hypopigmentation
 - Red scaly rash
 - Lichenification

“What medicine do you use on this spot?”

Written Treatment Plans Should Be Put in Place

Key points to emphasize:

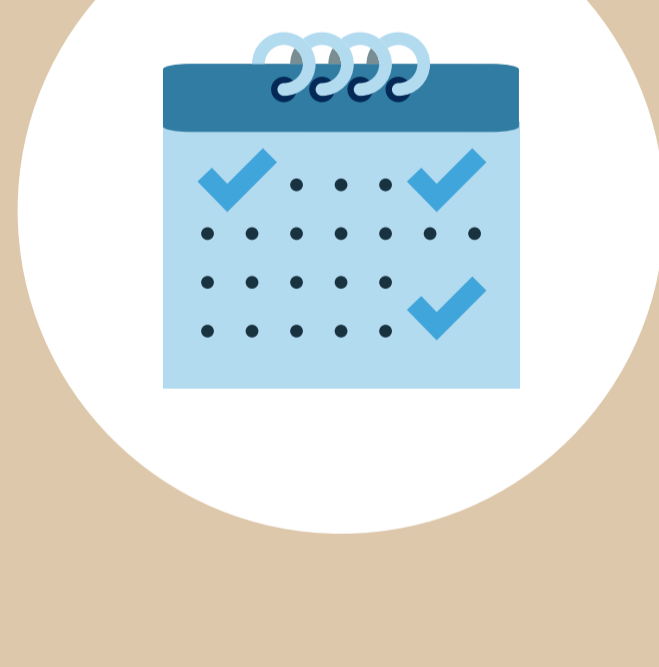
- AD is chronic and relapse-remitting
- Sensitive skin care regimen is indefinite
- Avoid triggers
- Monitor for infection

Include information and resources:

- Provide information about the next appointment and how to contact the care team
- Pamphlets, videos, and online resources

The patient knows best and will determine whether the regimen needs adaptation

Work With Your Patients to Improve Compliance



Ask patients about barriers to care

Ask patients about compliance

- Build trust to allow honesty
- No patient is 100% compliant
- Do not judge, it erodes the relationship



Create a written treatment plan

Be aware of language barriers and education abilities

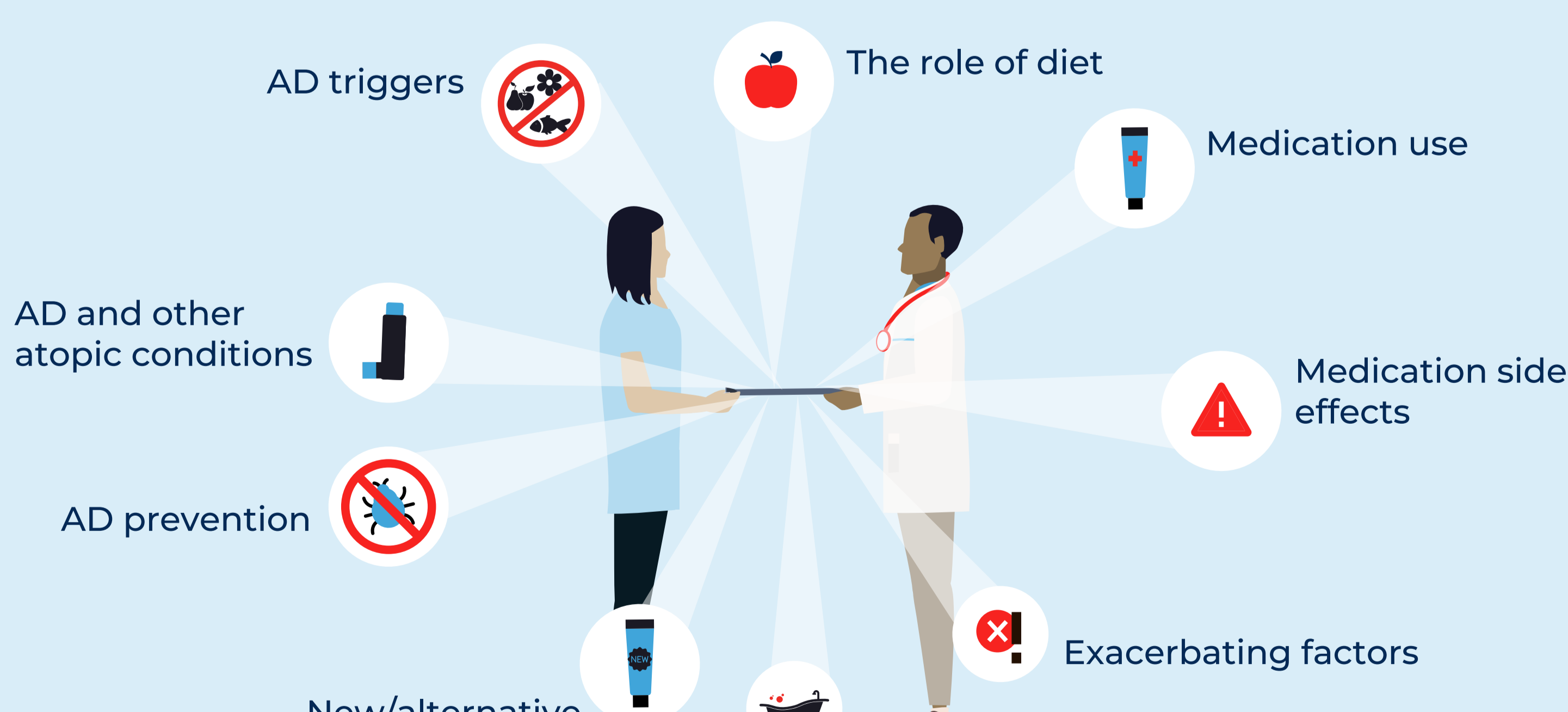
Provide contact information

Be proactive about patient tolerance of treatment and ability to modify lifestyle



Be diligent about insurance coverage, letters of necessity, and ability to pay

Important Information Should Be Exchanged Between Patients and Caregivers



This can be provided verbally, during examination, and in written directions to take home

Misconceptions Should Be Addressed

Fiction

- AD is a “skin only” disease
- AD is the patient’s (or parent’s) “fault”
- AD will resolve with simple elimination programs (ie, food, change of residence)
- AD is always associated with asthma, food allergies, or hay fever



References

1. Boguniewicz M et al. *J Allergy Clin Immunol Pract.* 2017;5:1519-1531.
2. Cork MJ et al. *Br J Dermatol.* 2003;149:582-589.
3. Gore C et al. *Allergy.* 2005;60:938-943.
4. Grillo M et al. *Pediatr Dermatol.* 2006;23:428-436.
5. LeBovidge J et al. *Semin Cutan Med Surg.* 2017;36:131-136.
6. Moore EJ et al. *Australas J Dermatol.* 2009;50:100-106.
7. Rolinck-Werninghaus C et al. *Pediatr Allergy Immunol.* 2015;26:805-810.