

SHARED DECISION-MAKING IN ATOPIC DERMATITIS

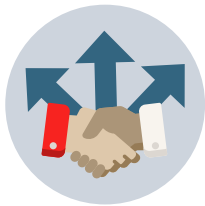
Atopic Dermatitis (AD) Is a Multisystem Disease



It is not just a skin disease



It requires whole patient care, not just skin care



Shared decision-making improves patient outcomes

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



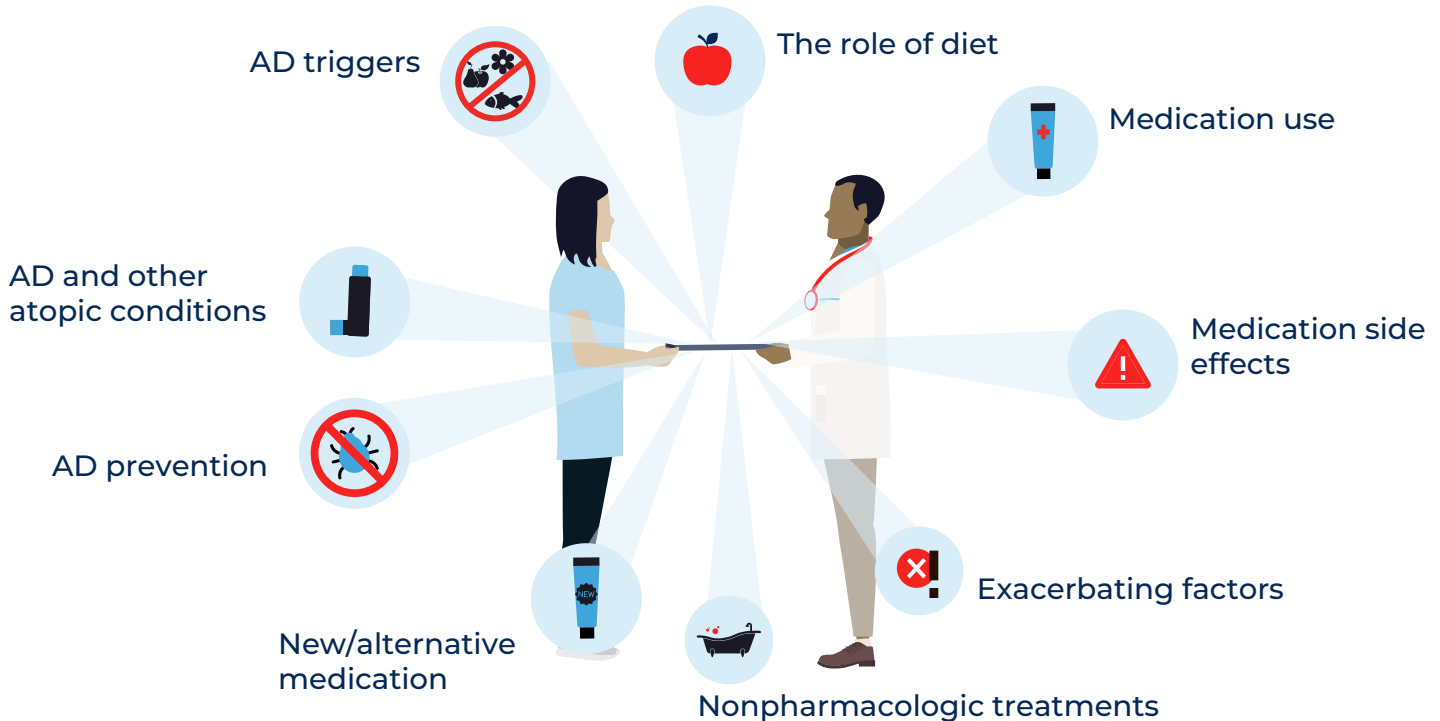
It involves interactive dialogue and uses time for questions

It assesses many variables:

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

SHARED DECISION-MAKING IN ATOPIC DERMATITIS

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.