

Atopic Dermatitis

FAST FACTS

up to 25%

of children are affected by AD

60%

of people with AD develop it during their first year of life; 90% develop it before age 5

10–30%

of children with AD continue to experience symptoms into adulthood

85%

of pediatricians refer their patients with mild AD to dermatologists

Atopic dermatitis (AD), or eczema, is a common, chronic, relapsing and intensely pruritic (itchy) skin condition that often presents in infants and young children. Children with mild to moderate AD can often be managed by their primary care provider.

ASSESSMENT

The diagnosis of AD is clinical and cannot be confirmed by laboratory testing. Perform a standard health history and physical exam with specific questions about family history of asthma, allergic rhinitis, and AD. History of symptoms should reveal a chronic or relapsing nature and itch. Symptoms may also include disturbed sleep.

Determine severity

Mild: Patches of scaly, erythematous skin; mild, infrequent itching; little impact on daily life

Moderate: Multiple patches of scaly, erythematous skin; frequent itching; possible excoriations and localized skin thickening; moderate impact on daily life; disruption of sleep

Severe: Widespread redness and scaling; severe, constant scratching; open, cracked areas of skin that may bleed and ooze; Lichenified skin and pigment changes; limits daily activities; impacting sleep and/or mood

HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

- Patient age <2 months
- Known, or suspected, immunodeficiency
- Oncology patient
- Failure to thrive
- Evidence of multiple infections
- Fever or lethargy

MANAGEMENT/TREATMENT

1. Manage all patients, regardless of severity

- Eliminate exacerbating factors (triggers)
- Maintain skin hydration with daily baths and use of thick moisturizers
- Minimize scratching

2. Treat acute flares

Apply appropriate topical corticosteroid (TCS) ointment to affected area twice daily for 2–4 weeks

3. Perform wound culture if you suspect secondary infection and always before beginning antibiotics to treat skin, as the result can guide treatment (e.g., MSSA versus MRSA)

WHEN TO REFER

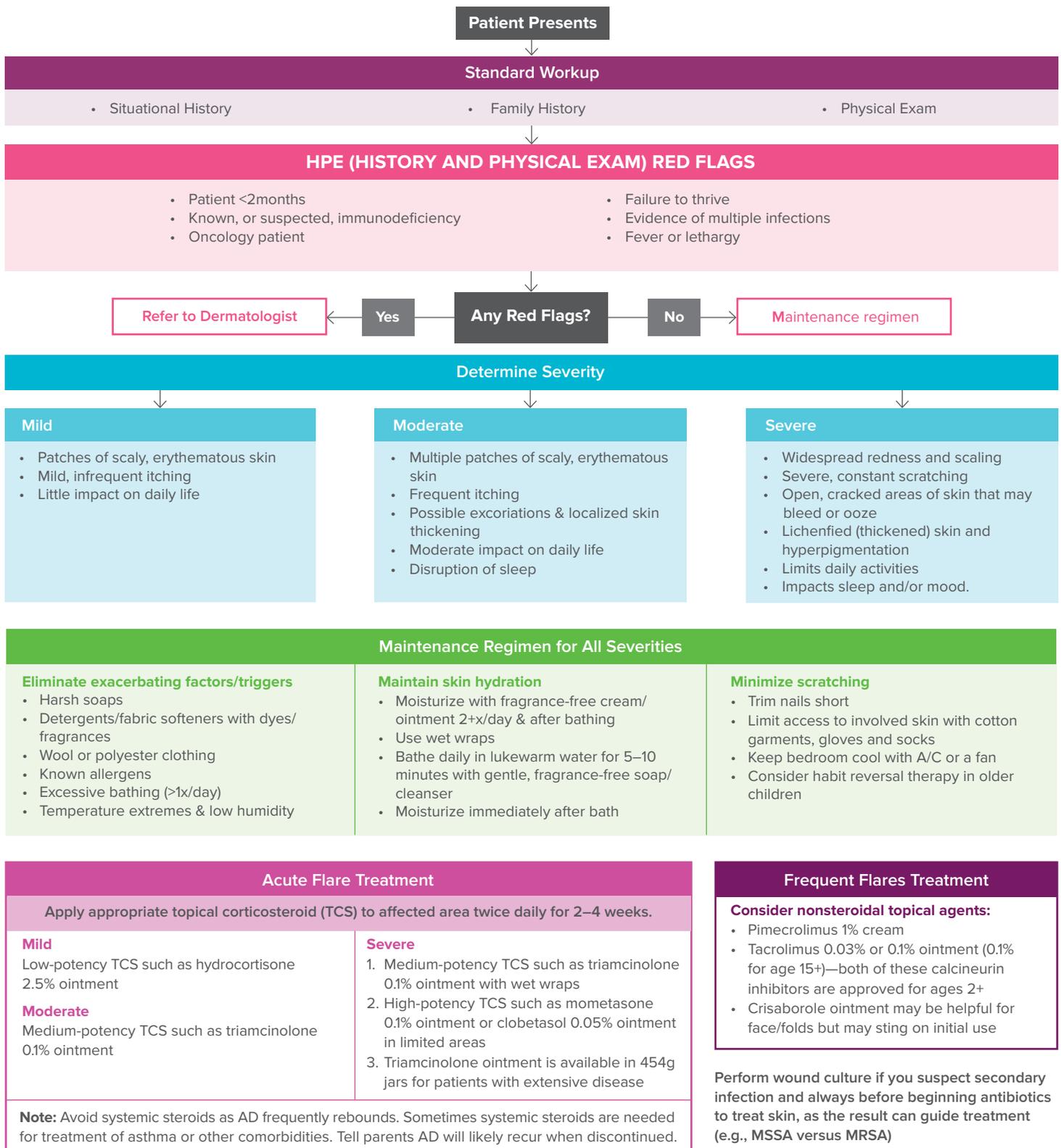
As the primary care provider, you can manage many of your patients with AD. Consider a referral to Cincinnati Children's Dermatology for:

- Extensive, severe disease
- Unclear diagnosis
- Refractory disease requiring escalation of treatment
- History of recurrent skin infections
- Suspected immunodeficiency
- Growth concerns
- For consideration of dupilumab or other immunomodulatory medications

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

If you have clinical questions about patients with atopic dermatitis, email dermatology@cchmc.org.

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For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.