

A large, stylized orange globe graphic composed of thick, hand-drawn lines, positioned in the background of the slide.

Treating moderate-to-severe atopic dermatitis in children and adolescents: Insights from the experts

Practice aid for the management of paediatric patients with moderate-severe atopic dermatitis

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Recognizing and assessing disease burden in atopic dermatitis



Assessment tools can help understand the symptom burden in paediatric patients with AD

Itch-scratch-itch cycle in AD¹



CHRONIC PRURITUS^{2–4}



Assessment tools in AD¹



Clinician rated

- EASI
- SCORAD
- IGA



Patient or caregiver rated

- POEM
- PO-SCORAD
- NRS-itch

IMPAIRED QoL²



COGNITIVE IMPAIRMENT²



PSYCHOLOGICAL STRESS²



IMPAIRED FAMILY RELATIONSHIPS^{2,3}



SLEEP DISTURBANCE



POOR SELF-ESTEEM³



POOR SCHOOL PERFORMANCE³



EMOTIONAL/BEHAVIOURAL ISSUES⁴



BURDENSOME TREATMENT (TIME/EXPENSE)³

RWE shows the impact of AD flares on QoL and mental health^{6,7}

“Playing with or meeting friends”
80% adolescents; 67% children⁶

“Confidence in appearance”
91% adolescents; 67% children⁶














49% of caregivers responding by proxy for paediatric patients with AD reported

≥6 days of poor mental health symptoms in the last month⁷









Symptom burden is particularly significant for patients with chronic hand dermatitis⁵

Treatment options for children and adolescents with moderate–severe atopic dermatitis

		 FDA indications ^{8,12,14,16*}	 EMA indications ^{9-11,13,15,17*}
 Infants aged ≥6 months	Dupilumab (anti-IL-4Rα) ^{8,9}	 Paediatric patients aged ≥6 months	 Children aged 6 months to 11 years†  Paediatric patients aged ≥12 years
 Infants aged ≥2 years	Baricitinib (JAKi) ¹⁰	 Not currently approved*	 Paediatric patients aged ≥2 years
 Children aged ≥12 years	Lebrikizumab (anti-IL-13) ¹¹	 Not currently approved*	 Paediatric patients aged ≥12 years
	Abrocitinib (JAKi) ^{12,13}	 Paediatric patients aged ≥12 years	
	Tralokinumab (anti-IL-13) ^{14,15}		
	Upadacitinib (JAKi) ^{16,17}		

Agents used off-label for systemic therapy in paediatric patients with severe AD include methotrexate and cyclosporin A¹⁸

Biologics are not associated with an increase in AEs/SAEs leading to discontinuation vs topical therapy alone¹⁹
The risk-benefit profile of **JAK inhibitors** should be considered when selecting an agent in clinical practice¹⁹

Notable side effects	 mAb ²⁰	 JAKi ²⁰	 Headache  ↑ URTI		
	Dupilumab	 Conjunctivitis  Injection-site reactions		Abrocitinib	Acne, herpetic infections, nausea
	Lebrikizumab			Baricitinib	Herpes simplex infections
	Tralokinumab			Upadacitinib	Acne, herpetic infections, nasopharyngitis
<p>Boxed warning¹⁹ and PRAC recommendation²¹ for theoretical risk of malignancy, CVD, emboli and serious infections</p>					

*Approvals and indications correct as of 09 September 2024. †Severe AD only.

Abbreviations and references

Abbreviations

AD, atopic dermatitis; AE, adverse event; CVD, cardiovascular disease; EASI, Eczema Area and Severity Index; EMA, European Medicines Agency; FDA, US Food and Drug Administration; IGA, Investigator Global Assessment; IL, interleukin; JAKi, Janus kinase inhibitor; mAb, monoclonal antibody; NRS-itch, Pruritus Numerical Rating Scale; POEM, Patient-Oriented Eczema Measure; PRAC, Pharmacovigilance Risk Assessment Committee; QoL, quality of life; RWE, real-world evidence; PO-SCORAD, Patient-Oriented SCORAD; SAE, serious AE; SCORAD, SCORing for Atopic Dermatitis; URTI, upper respiratory tract infection.

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*All FDA PIs available at: www.accessdata.fda.gov/scripts/cder/daf/index.cfm

†All EMA SmPCs available at: www.ema.europa.eu/en/medicines

All URLs accessed 09 September 2024.

The guidance provided by this practice aid is not intended to directly influence patient care. Clinicians should always evaluate their patients' conditions and potential contraindications and review any relevant manufacturer product information or recommendations of other authorities prior to consideration of procedures, medications, or other courses of diagnosis or therapy included here.

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