






Patient's perspective

<p>We recommend that health care providers treat each patient as a whole person, not just the skin, while considering the burden of skin disease on life.</p>	↑↑	<p style="text-align: center;">100%</p> <div style="text-align: center;">  <p>100 % Agreement</p> </div> <p style="text-align: center;">Patient/caregiver consensus</p>
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<p>We recommend that health care providers use the principle of shared decision-making, i.e. discuss the patients' beliefs, lifestyle and preferences when deciding on a treatment plan.</p>	↑↑	<p style="text-align: center;">100%</p> <div style="text-align: center;">  <p>100 % Agreement</p> </div> <p style="text-align: center;">Patient/caregiver consensus</p>
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<p>We recommend that patients with co-morbidities are treated by multi-disciplinary teams.</p>	↑↑	<p style="text-align: center;">100%</p> <div style="text-align: center;">  <p>100 % Agreement</p> </div> <p style="text-align: center;">Patient/caregiver consensus</p>
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<p>We recommend that health care providers are given time, training and resources to educate patients/caregivers in lay language about treating and managing their own condition.</p>	↑↑	<p style="text-align: center;">100%</p> <div style="text-align: center;">  <p>100 % Agreement</p> </div> <p style="text-align: center;">Patient/caregiver consensus</p>
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<p>We recommend that patients/caregivers receive adequate knowledge, skills, resources and support to treat their AE at home and cope with its impact on life.</p>	↑↑	<p style="text-align: center;">100%</p> <div style="text-align: center;">  <p>100 % Agreement</p> </div> <p style="text-align: center;">Patient/caregiver consensus</p>
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We **recommend** that patients have access to all available treatments and that these treatments are affordable and practical.



100%

100 % Agreement

Patient/caregiver
consensus

Burden of disease

The burden of disease in atopic eczema does not consist of symptoms only, but it affects life in general, for patients/caregivers, partner, family, etc. As well as being a painful and frustrating condition, atopic eczema affects all aspects of life, from sleep to relationships, work/school and social activities. The condition can also negatively impact on self-esteem and psychological well-being, which may lead to anxiety and depression. Therefore the whole burden of the disease needs to be taken into account when treating patients with mild to severe atopic eczema, without any judgement on their personal experiences of the disease.¹

Shared decision-making

Shared decisions about treatment choices between patient and clinician increase adherence to treatment and thus the patient's long term health outcomes. When the relationship is based on trust and understanding of the patient's deep beliefs in regards to their condition and their treatment options, compliance is further increased. This complies with the definition of Evidence Based Medicine as per Sackett *et al.*²

Multidisciplinary approach

Atopic and non-atopic co-morbidities are common. These include food allergies, allergic rhino-conjunctivitis and asthma, but also psychological and psychiatric diseases, such as anxiety and depression, which can profoundly affect the patient's physical, emotional and social life. In addition, the impact of atopic eczema on the patient's psychological well-being can be profound and require specialist intervention. Whilst in most cases atopic eczema can be treated by a general/family physician, dermatologist or paediatrician, in some cases a pulmonologist, allergist, ENT-specialist, ophthalmologist, specialised nurse, psychologist or social worker may be needed. The advantages of a multidisciplinary approach are a combined agreed treatment plan with no contradictory advice and better control of all aspects of atopic eczema and its co-morbidities. The severity of the skin condition, treatment adherence, sleep and overall quality of life will likely improve as a result.³

Adequate resources to educate patients

Basic treatment of atopic eczema includes the regular use of a range of topical treatments, as well as using strategies such as managing triggers. Due to the individual and complex nature of the condition, health care providers need adequate resources to teach patients/caregivers in lay language indispensable self-management skills. They also often need to address common concerns about topical corticosteroids, to avoid adherence problems.⁴ In practice, however, many health care providers lack those resources, mostly due to lack of time, materials and standardised programmes.

Self-management of atopic eczema

As already pointed out, the treatment of atopic eczema can be laborious, complex and confusing; to self-manage their atopic eczema successfully, patients/caregivers require personalised education, guidance and on-going support by health care providers and patient networks. As atopic eczema can be a life-long disease, with serious exacerbations from time-to-time, it is important that patients/caregivers have timely access to these educational and support resources. Indeed, in many cases, escalation to more aggressive therapies or referrals to specialist care could be prevented by better self-management skills and adherence to treatment at home.⁵

Access to affordable and practical treatment

Many long-standing atopic eczema treatments such as emollients, topical corticosteroids, bandages and systemic therapy are generally accessible to patients; however, other treatments such as phototherapy, whilst also an option, may not be practical due to their burden on life (many hospital visits). New emerging systemic therapies offer much hope to patients with severe atopic eczema however they are not always available. Cost effective treatments should be made available and practical to all patients who would benefit from them.

For patients/caregivers, the cost of treating and managing atopic eczema includes purchasing treatments when these are not reimbursed (e.g. emollients in some countries), extra expenses to avoid triggers (special cosmetics, clothing, bedding, diets, etc.) and indirect costs for loss of education/income.⁶ National healthcare provisions and insurance regulations vary widely country by country and for individuals, leading to significant health inequalities, which must be addressed urgently.

References

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