



USE OF SYSTEMIC MEDICATIONS IN ADULT ATOPIC DERMATITIS IN FRANCE, RESULTS OF A PRACTICE SURVEY

ANNE-CLAIRE FOUGEROUSSE, CAROLINE JACOBZONE, LAURE MERY BOSSARD, ZIAD REGUIAI, CATHERINE DROITCOURT, FRANÇOIS MACCARI, FOR THE GEM RESO ECZEMA

INTRODUCTION

Recent studies have illustrated that systemic medications are underused in adult atopic dermatitis (AD) compared to other chronic inflammatory diseases (psoriasis or chronic spontaneous urticaria) and that dermatologists have concerns regarding the safety profile of ciclosporin in AD.

We performed an on-line practice survey, addressed to all dermatologists members of Reso in France (678 Members). Demographic data (gender, age, type of medical practice), personal use and if so, modalities of prescription of ciclosporin, methotrexate, dupilumab were collected.

RESULTS

305 dermatologists (66.2% women) answered the survey, 28.5% worked in an hospital, 28.5% had mixed activity (hospital and private practice) and 42.9 % had exclusive private practice.

CICLOSPORIN

- Prescribed by 46.9 % of the dermatologists for adult AD
- First line systemic treatment: 77.2% , second line: 31.6 %.
- For moderate in 46.3% and severe AD 99.3%
- Average initial dosage: 2.5 mg/kg/d for 16.9%, 3 mg/kg for 42.6%, 5 mg/kg for 36%, other for 4.4%.
- Biological monitoring every month in 75.7% of cases, every 2 months in 9.6%, every 3 months in 2.9%, other modalities in 11.8%.
- Average duration of treatment: <3 months in 9.6%, 3-6 months in 51.5%, 6-12 months in 36.8%, >1 year in 2.2%.
- Before initiation, no evaluation score performed for 56.9% of the dermatologists. IGA 7.9% , SCORAD 23.8%, EASI 13.4%, BSA 17.2% and DLQI 34.8%.
- Reasons for non-prescribing ciclosporin were no eligible patient in 24.7% of cases, lack of information in 52.6%, need of hospital prescription 31.2%, lack of experience 79.2%.

2.1% prescribed other systemic treatments in adult AD (azathioprine, mycophenolate mofetil). 9.8% prescribed corticosteroids for moderate (17.9%) or severe (96.4%) AD. 56.4% of the dermatologists prescribed dupilumab in adult AD.

Systemic treatments for AD are used by half of the dermatologists, despite the fact that ciclosporin and dupilumab must be initiated in hospital in France. Methotrexate seems to be preferred to ciclosporin although it's not approved in this indication in France. A vast majority of dermatologists do not perform any evaluation score before initiating systemic treatment for adult AD.

METHOTREXATE

- Prescribed by 54 % of the dermatologists for adult AD
- First line systemic treatment: 47.5 % , second line: 47.5 % , after failure of dupilumab: 26,6%.
- For mild in 1.3% , moderate in 50 % and severe AD in 98.7%
- Average initial dosage: 15 mg/week for 48.4%, 20mg/w for 41.4% and 25 mg/w for 4.46%, other dosages in 5.73%.
- In case of lack of efficacy, 70.2 % increased the dosage.
- Biological monitoring every month in 25.9% of cases, every 2 months in 19%, every 3 months in 31.6%, other modalities in 23.4%.
- Before initiating methotrexate, no evaluation score performed for 50.5% of the dermatologists. IGA 7,8%, SCORAD 28.3%, EASI 13 % , BSA 17% and DLQI 38.9%.
- Reasons for non-prescribing methotrexate were: no eligible patient 46.7%, lack of information 39.3%, lack of experience 25.2%, not approved in AD 47.4%.