ABSTRACT BOOK ABSTRACTS



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ATOPIC ECZEMA/DERMATITIS

A RETROSPECTIVE STUDY ON THE INCIDENCE OF ECZEMA AND ATOPIC DERMATITIS AND USE OF STATINS

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Introduction: Statins alter cholesterol metabolism through inhibition of hepatic cholesterol synthesis and subsequent increased hepatic cholesterol uptake. These drugs have become widely prescribed for the prevention and treatment of atherosclerotic cardiovascular disease. Numerous statin-induced dermatologic complications have been reported, but the incidence and prevalence of eczema and atopic dermatitis have not been investigated.

Objective: We hypothesize that individuals who are taking or have taken a statin have increased risk of developing the skin conditions of eczema/atopic dermatitis.

Materials and Methods: Data from TriNetX, a database of information from patients admitted to the University of Iowa Hospitals and Clinics, was used for this retrospective study. In patients diagnosed with a lipid disorder, a cohort that is taking or had taken a statin prior to Jan. 1, 2012 was compared to a cohort that has never taken a statin to see how many developed eczema and dermatitis over a 6 year period to Jan. 1, 2018.

Results: There were 71,730 patients identified, 26,410 of whom had received a statin. Eczema or atopic dermatitis was found in 5.91% +/- 0.28% of patients who received statins significantly more often that without statin therapy 1.39% +/- 0.11%, (p-value < 0.001). Subgroup analysis by statin type revealed differences between the higher intensity atorvastatin (5.66% +/- 0.77%) and simvastatin (4.00% +/- 0.44%) (p-value < 0.001).

Conclusions: This study shows an association between statin use and diagnosis of eczema/atopic dermatitis. Furthermore, there is a suggestion of relationship between the potency of agent and risk of eczema/atopic dermatitis. This study is limited by lack of data on certain confounding conditions, particularly vascular disease. However, these findings warrant further investigation including assessment for predisposing conditions, dose-response rates, and other variables in an effort to better understand this relationship and develop strategies for preventing drug-induce eczema.





