ATOPIC ECZEMA/DERMATITIS

DEVELOPMENT OF CLINICAL PHENOTYPES OF ATOPIC DERMATITIS: PRELIMINARY RESULTS FROM A LITERATURE REVIEW

L Newton [1] - A Guobyte [2] - O Knight-west [1] - T Symonds [1] - F Nunes [3] - A Delozier [3] - L Eichenfield [4] - J Thyssen [5] - J Silverberg [6] - T Bieber [7]

Clinical Outcomes Solutions, Clinical Outcome Assessments, Folkestone, United Kingdom [1] - Clinical Outcomes Solutions, Clinical Outcome Assessments, Chicago, United States [2] - Eli Lilly And Company, Lilly Corporate Center, Indianapolis, United States [3] - University Of California San Diego, Departments Of Dermatology And Pediatrics, San Diego, United States [4] - University Of Copenhagen, Department Of Dermatology And Allergology, Copenhagen, Denmark [5] - Northwestern University Feinberg School Of Medicine, Dermatology, Medical Social Sciences, Preventive Medicine, Chicago, United States [6] - University Of Bonn, Dermatology And Allergy, Bonn, Germany [7]

Introduction: Atopic dermatitis (AD) has diverse clinical presentations. Multiple reports attempted to define clinical phenotypes, which ultimately may inform prognosis and treatment decision-making. However, there is a lack of consensus on how clinical phenotypes should be categorized, and which characteristics are most relevant for stratification strategies in research and patient management.

Objective: To understand the key characteristics and descriptions of AD phenotypes in published literature.

Materials and Methods: A search of OVID databases from 2008-2018 was conducted to identify relevant literature. This non-systematic review focused on identifying potential clinical phenotypes that could inform future research and therapeutic approaches. Biomarker analyses were not within scope for this literature review.

Results: A total of 2063 articles were identified and screened, of which 57 were considered eligible for inclusion. Four potential phenotypic categories were identified, categorized as: Disease Trajectory (early onset vs. late onset; transient vs. persistent); Seasonality; Ethnicity/Race; and Allergic Sensitization (allergic vs. non-allergic). Results showed the lack of uniform clinical stratification, including variation in nomenclature used across publications and in the criteria used to classify patients into different groups. The seasonality phenotype, being easy to interpret and patient-centric, could have greatest utility for the management of AD. The literature review indicated that worsening of general AD symptoms, including itch, may occur in winter months for many patients, and associated with higher treatment

utilization, and for other patients in summer months.

Conclusions: Of the broad AD phenotypes identified, the fluctuating and episodic nature of AD (seasonality subgroup) might be the most immediately clinically useful. Extant literature indicates that there are individual differences in how the seasons impact patients' AD symptom severity and functional limitations. Better characterization of AD patients' phenotypes could further clarify the unmet need in this population and assist with research on the physiopathology of AD and clinical tailoring.