



ATOPIC ECZEMA/DERMATITIS

## REACTIVE AND PROACTIVE TREATMENT WITH TCI AND TCS

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Atopic dermatitis (AD) is a chronic, recurrent autoimmune condition, with significant impact on patients' quality of life. Traditionally, treatment of AD was carried out in a reactive manner, adapting the treatment to the visible skin involvement. After achieving remission of the lesions, therapy was tapered down and eventually substituted with emollient agents. Flare-ups and recurrences, with their reactive management, were thought to be the normal evolution of AD.

However, research has shown that AD goes beyond what the eye may perceive. Findings of significant markers of skin inflammation, altered barrier status and immunologic abnormalities were described in seemingly nonlesional skin. These findings planted the seed for the concept of proactive therapy. This involves a long-term follow-up, with low doses of therapeutics, either TCI or TCS, applied to affected skin also after achieving remission, in an alternating manner. Barrier enhancing emollients are to be applied on unaffected skin. This approach is recommended by European guidelines and has gained popularity due to the favourable long-term control of the condition.

The switch from reactive to proactive therapy in AD has created a shift in drug side effects dynamics. While in a proactive setting, atrophy due to TCS seems to be less frequent, concerns regarding malignancy associated with TCI are still a matter of debate. Scientific efforts are made for putting together the real long-term safety profile of the proactive treatment, as well as managing the side effects of both pro- and reactive approaches.

We bring to discussion whether there is still a time and place for reactive therapy in selected cases, the real-life usage of proactive versus reactive therapy, TCS versus TCI, as well as the latest data on the side effects of these approaches. Promising solutions for the efficient management of side effects are also discussed.

