Dermatology Update

November 2025

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Accessing Articles

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Please contact Holly if you would like more information, or further evidence searches: holly.cook3@nhs.net.

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Expected publication date: 15 July 2026
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A selection of papers from Medline < 6 months

1. Evaluating changes in baseline characteristics and drug-utilization pattern in patients with moderate-to-severe psoriasis: findings from the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR) cohort

Item Type: Journal Article

Authors: Alabas, Oras A.;Evans, Ian;Mcelhone, Kathleen;Yiu, Zenas Z. N.;Reynolds, Nick J.;Laws, Philip;Bewley, Anthony;Smith, Catherine H.;Lunt, Mark;Griffiths, Christopher,E.M. and Warren, Richard B.

Publication Date: 2025

Journal: Clinical and Experimental Dermatology 50(10), pp. 1995–2006

Abstract Background: Since the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR) was established in 2007, numerous biologic therapies have been introduced for the better management of psoriasis.; **Objectives:** To describe baseline demographics, disease characteristics and real-world biologic utilization in patients entering BADBIR over time.; **Methods:** Patients with moderate-to-severe psoriasis registered in BADBIR between 2007 and 2024 were included. Percentages were used to describe categorical variables and the median with interquartile range (IQR) for continuous variables. The year of enrolment was divided into Early (2007-2014) and Late (2015-2024) periods.; **Results:** As of April 2024, there were 21 407 registrations in BADBIR. Compared with the Early period, more minority ethnic groups 1374/11 383 (12.1%) vs. 868/10 024 (8.7%)] were enrolled in the Late period. Shorter disease duration median years, 18 (IQR 10-28) vs. 20 (11-29)], lower severity measured using Psoriasis Area and Severity Index median 11 (IQR 6-16) vs. 14 (IQR 10-19)] and fewer patients with comorbidities 6298/11 383 (55.3%) vs. 5905/10 024 (58.9%)] were reported in the Late vs. the Early period. There were 6236 (29.1%) patients in the conventional cohort and 15 171 (70.9%) in the biologic cohort from 2007 to 2024 (total N = 21 407). Out of 15 171 individuals in the biologic cohort, 8299 (54.7%), 3227 (21.3%) and 1170 (7.7%) switched to second, third and fourth lines of therapy, respectively. In 15 171 individuals (2007-2024), adalimumab was the most frequently prescribed first-line therapy, followed by ustekinumab and etanercept 6576 (43.4%), 3349 (22.1%) and 1750 (11.5%), respectively]. Despite the significant drop in utilization over time, adalimumab remained the most frequent first-line biologic in the Late period 3092/8716 (35.5%), followed by ustekinumab 2087/8716 (23.9%) and secukinumab

1445/8716 (16.6%). However, utilization of biologics in the subsequent lines of therapies has changed over time in newer biologics, with mainly guselkumab and risankizumab becoming the most frequent in recent years.; **Conclusions:** Patients registered in the Late period have less severe psoriasis, shorter disease duration and fewer comorbidities than those enrolled in the Early period. The most frequent biologics at enrolment were adalimumab and ustekinumab; however, this has changed with the introduction of new and more effective biologics. BADBIR is a rich data source providing information on the management of psoriasis. (© The Author(s) 2025. Published by Oxford University Press on behalf of British Association of Dermatologists.)

Access or request full text: https://libkey.io/10.1093/ced/llaf224

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40402160&profid=ehost

2. Age and biologic survival in patients with moderate-to-severe psoriasis: a cohort study from the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR)

Item Type: Journal Article

Authors: Alabas, Oras A.;Mason, Kayleigh J.;Yiu, Zenas Z. N.;Smith, Catherine H.;Warren, Richard B. and Griffiths, Christopher,E.M.

Publication Date: 2025

Journal: The British Journal of Dermatology 192(5), pp. 907–916

Abstract: **Background:** The current management of psoriasis does not differentiate between younger and older patients in selecting the safest and/or most effective biologic.; **Objectives:** To explore the effect of age at treatment initiation in response to biologics in patients with moderate-to-severe psoriasis in the UK and Eire.; **Methods:** Data from patients registered in the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR) from 2007 to 2024 on a first course of tumour necrosis factor (TNF), interleukin (IL)-12/IL-23, IL-17 and IL-23 inhibitors with at least 6 months' follow-up were included. Patients aged ≥ 16 years at registration were organized into the following cohorts: 16-24 years, 25-34 years, 35-44 years, 45-54 years, 55-64 years, 65-74 years and ≥ 75 years. The 45-54 years age group was used as the reference cohort. Biologic survival was defined as the time between treatment initiation to its discontinuation associated with ineffectiveness or the occurrence of adverse events (AEs). Adjusted hazard ratios (aHR) with 95% confidence intervals (CIs) was estimated using a flexible parametric model to compare discontinuing treatment between the age groups. Each model included exposure (biologic class), effect modifier (age groups), interaction terms, baseline demographics and clinical and disease severity covariates.; **Results:** In total, 14 294 patients were included and organized into the following age groups: 16-24 years, n = 847 (5.9%); 25-34 years, n = 2502 (17.5%); 35-44 years, n = 3575 (25.0%); 45-54 years, n = 3863 (27.0%); 55-64 years, n = 2338 (16.4%); 65-74 years, n = 954 (6.8%); and ≥ 75 years, n = 215 (1.5%). The interaction effects model showed that individuals aged 16-24 years were more likely to discontinue TNF inhibitors (TNFi) due to ineffectiveness than those in the reference cohort (aHR 1.30, 95% CI 1.10-1.55). For survival associated with AEs, individuals aged 55-64 years were at higher risk of discontinuing TNFi and IL-12/IL-23 inhibitors IL-12i/IL-

23i; aHR 1.33 (95% CI 1.13-1.56) and aHR 1.34 (95% CI 1.03-1.75), respectively]; those aged 65-74 years were more likely to discontinue TNFi, IL-12i/IL-23i and IL-17 inhibitors aHR 1.89 (95% CI 1.54-2.31), aHR 2.00 (95% CI 1.47-2.73) and aHR 1.69 (95% CI 1.08-2.64), respectively], whereas individuals aged ≥ 75 years were at higher risk of discontinuing the four biologic classes.; **Conclusions:** Patients aged 16-24 years with psoriasis are more likely to stop TNFi due to ineffectiveness, whereas those aged ≥ 55 years are more likely to stop biologics due to AEs. These real-world findings provide important information for clinicians treating people with moderate-to-severe psoriasis across all age groups. (© The Author(s) 2025. Published by Oxford University Press on behalf of British Association of Dermatologists.)

Access or request full text: https://libkey.io/10.1093/bjd/ljaf017

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39792925&profid=ehost

3. Efficacy and safety of tildrakizumab in patients with early- vs. late-onset psoriasis

Item Type: Journal Article

Authors: Armstrong, April W.;Blauvelt, Andrew;Lebwohl, Mark;Asahina, Akihiko;Gogineni, Ranga and Griffiths, Christopher E. M.

Publication Date: 2025

Journal: The British Journal of Dermatology 193(3), pp. 442–450

Abstract Background: The age of psoriasis onset is bimodally distributed with distinct peaks at 0.05). Efficacy findings were supported in a subset of patients matched by disease duration. TEAEs and serious TEAEs occurred in 65.8% vs. 66.2% and 3.6% vs. 6.9% of patients with early- vs. late-onset psoriasis, respectively.; **Conclusions:** Treatment with tildrakizumab was effective with no safety signals found in either of the patient subgroups. Patients with late-onset psoriasis were more likely to achieve complete or near-complete clearance than patients with early-onset psoriasis. (© The Author(s) 2025. Published by Oxford University Press on behalf of British Association of Dermatologists.)

Access or request full text: https://libkey.io/10.1093/bjd/ljaf171

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40365708&profid=ehost

4. Differential impacts of nickel toxicity: NiO and NiSO 4 on skin health and barrier function

Item Type: Journal Article

Authors: Camarena, Denisse Esther Mallaupoma;Giannella, Mariana Corrêa;de Toledo Bagatin, Julia;de Assis, Silvia Romano;Chen, Tao;Bailey, Melanie Jane;Costa, Catia;Schneider, Ella;von Gerichten, Johanna;Barros,

Silvia Berlanga de Moraes;Belsey, Natalie and Maria-Engler, Silvya

Publication Date: 2025

Journal: Ecotoxicology and Environmental Safety 302, pp. 118626

Abstract: Nickel is recognized as a potent skin sensitizer and a common cause of contact dermatitis. Nickel and its compounds are often associated with particulate matter in industrial settings. This study aimed to evaluate the effects of nickel oxide particulate matter (NiOPM) using in vitro skin models, and to compare the effects of NiSO 4 topical application on healthy versus atopic dermatitis-sensitized skin. Key endpoints included histological analysis, cell viability, cytokine release, proliferation index, and protein expression. The results revealed that the reconstructed epidermal tissue representing healthy skin was properly stratified. After 24 h of exposure to NiOPM (0.4-4.6 mg/cm 2), histological analysis and viability data (>50 %) indicated a lack of cytotoxicity related to irritation. However, ion beam analysis, immunofluorescence, cell proliferation (Ki67 marker), and inflammatory signaling (IL-1α, IL-8) suggest that prolonged exposure may be associated with increased epidermal permeability and oxidative stress, identifying NiOPM as a possible long-term sensitizer. In addition, comparative treatments of NiOPM vs. NiSO 4 on models of healthy epidermis and with atopic epidermis, exposed for up to 72 h, demonstrate the damaging effect of NiSO 4 as early as the first 24 h. Also, the results suggest differential effects on proliferative cell presence and loricrin expression. These findings indicate that elucidating the sensitization pathways of nickel is complex. The physicochemical characteristics of Ni compounds are closely related to exposure time, skin permeation capacity, and cellular damage.

Access or request full text: https://libkey.io/10.1016/j.ecoenv.2025.118626

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40680445&profid=ehost

5. Hemoporfin-Mediated Photodynamic Therapy-Caused Skin Barrier Damage and Triggered Dermatitis in Port-Wine Stains

Item Type: Journal Article

Authors: Chen, Kai;Hu, Yan-Yan;Qian, Shan-Shan;Wu, Jin-Zhao;Cao, Li-Juan;Wang, Lin-Lin;Li, Meng;Xia, Yu-Xin;Jiang, Qian;Chen, Hong-Ying;Chen, Liu-Qing and Li, Dong-Sheng

Publication Date: 2025

Journal: Lasers in Surgery and Medicine 57(7), pp. 575–580

Abstract: Background: Hemoporfin-mediated photodynamic therapy (PDT) is a high efficacy treatment alternative for port-wine stains (PWS) patients, and PDT also induced eczematous dermatitis in treated areas. However, the effect of PDT treatment on the prevalence and risk of dermatitis in patients with PWS have not been reported.; **Purpose:** To assess the association between PDT and dermatitis incidence and to investigate

the mechanism of PDT-triggered dermatitis in PWS patients.; **Patients and Methods:** A total of 512 PWS patients who received hemoporfin-mediated PDT treatment between June 2020 and September 2022 at the dermatology department of Wuhan No.1 Hospital were recruited in this study. Clinical images were used to calculate the percentage of dermatitis in treated areas. The arithmetic mean roughness (Ra), the average depth of roughness (Rz) and the mean square roughness (Rq) were used to assess the change of surface roughness. Transepidermal water loss (TEWL), stratum corneum hydration (SCH) and total lipid content (TLC) were used to analyze the skin barrier function.; **Results:** After treatment, we found that 27.15% (139/512) of PWS patients developed dermatitis on the treated areas, and the percentage of dermatitis was closely related to the treatment times and age of the patient. Moreover, these treated areas also exhibited markedly increased skin roughness (Ra, Rz, Rq; $p < 0.05$) and impaired barrier function, evidenced by significantly elevated TEWL and TLC ($p < 0.05$) and reduced SCH ($p < 0.05$).; **Conclusion:** PDT caused skin barrier dysfunction in PWS patients, which may lead to increased permeability of the epidermis and contribute to the dermatitis development. (© 2025 Wiley Periodicals LLC.)

Access or request full text: https://libkey.io/10.1002/lsm.70036

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40518689&profid=ehost

6. Barriers to diagnosing and treating vulval lichen sclerosus: a survey study

Item Type: Journal Article

Authors: Crew, A.;Leatherland, R.;Clarke, L.;Owen, C. and Simpson, R. C.

Publication Date: 2025

Journal: The British Journal of General Practice : The Journal of the Royal College of General Practitioners 75(753), pp. e250–e256

Abstract: Background: Vulval lichen sclerosus (VLS) is a chronic inflammatory condition that is frequently misdiagnosed and under-recognised. To date, qualitative research has focused on lived experience of VLS, with women attributing diagnostic delay to poor interactions with healthcare professionals (HCPs), often due to lack of knowledge. In the UK, women with VLS are most likely to present to primary care.; **Aim:** To establish HCPs' perspectives on the identification, management, and education of vulval skin disease, with a focus on VLS.; Design and Setting: A mixed-methods study survey undertaken across the UK.; **Method:** HCPs were recruited through opportunistic sampling. The survey was distributed via email and WhatsApp through professional networks and in hard-copy format at events, and completed between 1 November 2023 and 14 December 2023. Data were analysed using descriptive statistics, Spearman's rank correlations, and thematic analysis.; **Results:** Of 122 responders, most were GPs (n = 53) and GP trainees (n = 59). In total, 37.7% of responders had never participated in teaching or learning on vulval skin disease. Confidence in the identification of vulval skin disease positively correlated with experience, exposure, and female gender, although this last correlation was weak. The top identified barriers to diagnosis and treatment included lack of knowledge, embarrassment, and absence of VLS diagnostic criteria. Almost all participants (97.5%) felt that

VLS diagnostic criteria would be helpful in clinical practice.; **Conclusion:** This study provides insight into the barriers to diagnosing and treating VLS in primary care. HCPs recognise deficiencies in training and referral pathways, and a lack of tools to support VLS diagnosis. Training should include skills to address stigma and embarrassment. This study highlights the importance of developing interventions, such as reproducible diagnostic criteria, to overcome barriers, thereby expediting diagnosis and treatment. (© The Authors.)

Access or request full text: https://libkey.io/10.3399/BJGP.2024.0360

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39516015&profid=ehost

7. Economic burden of atopic dermatitis in Portugal: a cross-sectional study

Item Type: Journal Article

Authors: Cunha, Ana Soraia;Vitorino, Guilherme;Silva, João Maia E. and Coelho, Pedro Simões

Publication Date: 2025

Journal: Scientific Reports 15(1), pp. 7717

Abstract Atopic dermatitis (AD) is a chronic inflammatory skin condition that significantly impacts patients' quality of life and imposes substantial economic burdens due to direct medical costs and indirect costs such as absenteeism and loss of productivity. This study aimed to quantify the economic impact of AD in Portugal. A cross-sectional study was conducted on AD-diagnosed Portuguese residents using a 70-question survey, distributed between June 2019 and January 2020, including DLQI, EQ-5D, and VAS scales, to assess AD's 12 months impact. Statistical analysis included univariate and bivariate methods with post-stratification by disease severity. Findings revealed a mean DLQI score of 9.4 and a 24% productivity loss equating to 50 workdays annually. The economic impact calculated from the participation in the labor market totaled €1.477 million, including €43 million from absenteeism, €1.295 million from presenteeism, and €139 million of missed days by family members. The economic value of time spent treating the disease amounts to €311 million. The total annual cost of treating the disease is shared between the NHS (€218 million) and the patient out-of-pocket cost (€800 million). These results highlight AD's significant economic burden in Portugal, underscoring the need for comprehensive strategies to improve disease management, access to dermatological care, and quality of life. This study emphasizes the importance of investing in AD health services and promoting access to effective treatments to achieve economic and societal benefits. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1038/s41598-025-91896-y

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40044763&profid=ehost

8. Benefits and Satisfaction with Apremilast Treatment in Patients with Psoriasis Affecting the Genital Area: Secondary Analysis of the APPRECIATE Study

Item Type: Journal Article

Authors: da Silva Burger, Neuza;Tran, Kathy V.;Typou, Methodios;Sommer, Rachel;Neasham, David;Cordey, Myriam and Augustin, Matthias

Publication Date: 2025

Journal: Dermatology and Therapy 15(3), pp. 681–695

Abstract: **Introduction:** Plaque-type psoriasis affects the genital area in 7-42% of patients, and can impose significant quality of life (QoL) impairments. In this case, systemic treatment is recommended regardless of the affected body surface area. This real-world study compared treatment effects and patient-reported outcomes (PROs) between patients with and without genital lesions, undergoing apremilast treatment for 6 ± 1 months.; **Methods:** Secondary analyses were conducted using data from the observational, retrospective, cross-sectional APPRECIATE study. Adult patients with plaque-type psoriasis who initiated apremilast during the previous 6 ± 1 months were consecutively recruited in seven European countries between May 2016 and November 2019. At the time of study inclusion (T1), clinical and PROs were assessed by physician/patient questionnaires. Baseline data were collected retrospectively from medical records.; **Results:** This study included 482 patients: 108 with genital psoriasis (GenPso+) and 374 without genital lesions (GenPso-). The GenPso+ group had higher disease burden at baseline. For patients receiving ongoing treatment at T1, there was significant improvement in disease severity and marginally significant improvement in QoL impairments, independent of genital involvement. Satisfaction with medication and patient benefits also did not differ between groups.; **Conclusion:** This study further established the value of apremilast as a systemic treatment for patients with psoriasis, including those with genital involvement.; Trial Registration: The APPRECIATE study was registered at https://clinicaltrials.gov/ with the number NCT02740218. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s13555-025-01360-y

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39969771&profid=ehost

9. Analysis of the Reduction in the Duration of Sick Leave for 32,512 Psoriasis Patients Following the Integration of Targeted Therapies for Psoriatic Disease into the Brazilian Healthcare System: a Retrospective Cohort Study

Item Type: Journal Article

Authors: D'Almeida, Luiza,Ferreira Vieira;Duarte, Gleison Vieira;Godinho, Marcos Paulo;Cariello, Louise Habka;Sousa, George Jó Bezerra and Gomes, Ciro Martins

Publication Date: 2025

Journal: Psoriasis (Auckland, N.Z.) 15, pp. 105–116

Abstract: **Purpose:** The Brazilian Unified Health System is an interesting model for international healthcare innovation analysis. Covering over 200 million people, this system stands out as one of the largest purchasers of healthcare technologies worldwide. Our goal in this study was to evaluate how targeted therapies reduce the duration of sick leave for psoriasis patients.; **Patients and Methods:** We conducted a retrospective cohort study within the Brazilian National Institute of Social Security. The primary outcome was the return to work (cessation of sick leave) of patients with psoriasis. Factors such as age, sex, and access to targeted therapies were evaluated using a Cox proportional hazards model.; **Results:** Over the 25-year period from 1998 to 2023, 32,512 benefits were granted for psoriasis, totalling an expenditure of $577,478,002.15. Public access to psoriatic arthritis (PsA)-targeted therapies decreased the average minimum wage granted to psoriasis patients on sick leave by 22%, and public access to psoriasis-targeted therapies reduced the average wage by 7%. The availability of these therapies was associated with earlier cessation of sick leave in our proportional hazards model (targeted therapies for PsA: hazard ratio (HR) = 1.90, 95% confidence interval (CI) = 1.82-2.00; targeted therapies for psoriasis: HR = 1.63, 95% CI = 1.54-1.70).; **Conclusion:** This study highlights a remarkable reduction in costs and sick leave duration due to the implementation of therapies for psoriatic disease by the Brazilian Unified Health System, which underscores the importance of considering detailed indirect cost data when evaluating new health technologies for large populations. (© 2025 D'Almeida et al.)

Access or request full text: https://libkey.io/10.2147/PTT.S513878

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40171531&profid=ehost

10. Beyond the screen: exploring digital health experiences of individuals affected by psoriasis - a qualitative interview study

Item Type: Journal Article

Authors: Erbas, M. E.;Ziehfreund, S.;Biedermann, T. and Zink, A.

Publication Date: 2025

Journal: BMC Public Health 25(1), pp. 3041

Abstract: **Background:** Psoriasis, a chronic inflammatory skin disorder, imposes a high burden on those affected, often leading to stigma and increased depression risk. With the increasing importance of digital media in medical contexts, there is a notable prevalence of misinformation and low-quality content. This study aims to explore the experiences of individuals affected by psoriasis regarding their disease-related digital media use.; **Methods:** Semi-structured interviews with open-ended questions were conducted with psoriasis-affected people between August 2020 and January 2022 in Germany. The participants were recruited through digital media platforms, professional contacts, and in person at a university hospital department in southern Germany and were interviewed via video call. The recorded data was pseudonymized, transcribed verbatim,

and analyzed using qualitative content analysis by Mayring which also allowed a quantitative evaluation of the category placements.; **Results:** Eight participants (50% female) with a median age of 40.5 years (range: 25-80 years) were included. Four main categories emerged: (1) strengths and (2) difficulties of digital media in the context of psoriasis, (3) digital media in the context of the physician-patient relationship, and (4) suggestions for improvement. Commonly mentioned strengths were the positive impact on one's well-being and the access to alternative therapy options. Frequently named problems were qualitative shortcomings and commercial interests. Most participants reported that digital media was not addressed in the physician-patient communication. Nevertheless, instances where it was discussed revealed predominantly negative reactions from physicians. Participants desired an increased availability of online resources and enhanced cooperation between digital media platforms and physicians.; **Conclusions:** This study underscores the opportunities and challenges presented by digital media in managing psoriasis. Physicians should ensure that their patients access reliable platforms. Collaboration between physicians and affected individuals on digital media and adapting the traditional physician-patient relationship to an increasingly digitalized world are suggested to enhance patient care. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1186/s12889-025-24401-9

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40926220&profid=ehost

11. Is colloidal oat an effective emollient ingredient for the prevention and treatment of atopic dermatitis in infants?

Item Type: Journal Article

Authors: Fowler, Joseph F.;Ma, Lin;Bergman, James;Horowitz, Paul;Lavender, Tina;Eichenfield, Lawrence F.;Draelos, Zoe;Danby, Simon G. and Cork, Michael J.

Publication Date: 2025

Journal: The Journal of Dermatological Treatment 36(1), pp. 2487945

Abstract: Background: Atopic dermatitis (AD) is a chronic inflammatory skin condition characterized by barrier dysfunction and immune dysregulation, often leading to increased allergen penetration, sensitization, and secondary infections. Colloidal oat emollients are widely used in adult AD management, but their role in pediatric AD treatment, prevention, and allergy modulation remains under investigation.; **Methods:** A comprehensive literature review evaluated clinical and preclinical studies on colloidal oat-containing emollients in pediatric AD treatment and prevention. Studies assessing skin barrier function, immune modulation, AD prevention, food allergy risk, and healthcare utilization were included.; Results: Colloidal oat emollients improved skin hydration, reduced transepidermal water loss (TEWL), and supported barrier repair, leading to fewer AD flares and reduced reliance on steroid treatments. Studies suggest that early, consistent use of advanced emollient formulations may lower AD incidence in high-risk infants and reduce food sensitization rates. Real-world data indicate that patients using colloidal oat emollients have fewer clinic visits and lower overall healthcare costs. Concerns about oat sensitization remain unsubstantiated in most studies.;

Conclusion: Colloidal oat emollients are effective, well-tolerated, and cost-efficient for pediatric AD management. Their barrier-restorative and anti-inflammatory properties may reduce AD and allergy risk. Future research should focus on head-to-head emollient comparisons to optimize treatment strategies.

Access or request full text: https://libkey.io/10.1080/09546634.2025.2487945

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40256827&profid=ehost

12. Physician-Reported Treatment Patterns in Moderate to Severe Chronic Hand Eczema: the RWEAL Multinational Medical Chart Review

Item Type: Journal Article

Authors: Giménez-Arnau, Ana;Bewley, Anthony;Apfelbacher, Christian;Fargnoli, Maria Concetta;Rault, Bleuenn;Morillo, Alexanne;Maslin, Douglas;Norlin, Jenny M.;Crépy, Marie-Noëlle and Molin, Sonja

Publication Date: 2025

Journal: Dermatology and Therapy

Abstract: **Introduction**: Evidence for moderate to severe chronic hand eczema (CHE) treatments in clinical practice is limited. The objective was to investigate treatment patterns in patients with moderate to severe CHE, and in those with an inadequate response to topical corticosteroids (TCS) or in whom TCS were contraindicated.; **Methods:** This was a multinational retrospective physician chart review. Physicians who routinely diagnosed and treated CHE were recruited in Canada, France, Germany, Italy, Spain, and the UK and provided data on adult patients with moderate to severe CHE treated with TCS over the past 12 months or for whom TCS were contraindicated.; **Results:** A total of 292 physicians provided data on 1939 patients. Worst severity of CHE in the 12-month study period was judged by the physician to be moderate in 56.8% and severe in 43.2% of patients. Overall, 6.7% of patients received topical calcineurin inhibitors, 3.9% phototherapy, 6.8% alitretinoin, 11.1% traditional orals (acitretin, azathioprine, oral corticosteroids, cyclosporine, methotrexate), 8.0% biologics, and 1.7% oral Janus kinase (JAK) inhibitors. An inadequate response or contraindication to TCS was reported in 39.9% of patients (27.4% progressed to phototherapy/systemics; 12.1% with adverse events or an inadequate response to high/ultra-high potency TCS, and 0.4% contraindicated). Among these patients, the highest line of treatment during the 12-month period was biologics in 29.2%, alitretinoin in 22.3%, oral JAK inhibitors in 5.1%, traditional orals in 33.3%, and phototherapy in 9.6% of patients. There were no significant differences in phototherapy/systemic treatments between patients with moderate and severe disease in this subgroup.; **Conclusions:** Despite being a first-line treatment, 40% of patients with CHE were inadequately treated with or contraindicated to TCS. Over one-quarter of patients progressed to phototherapy or systemic therapy. These results suggest a lack of effective and well-tolerated topical treatment options in CHE. Graphical Abstract available for this article. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s13555-025-01534-8

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41004089&profid=e

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13. Psoriasis in People With Skin of Color: An Evidence-Based Update

Item Type: Journal Article

Authors: Gkini, Maria-Angeliki;Nakamura, Mio;Alexis, Andrew F.;Londoño-Garcia, Angela;van de Kerkhof, Peter,C.M.;Doss, Nejib;Griffiths, Christopher E. M.;Kaufman, Bridget;Kleyn, Christine E.;Lebwohl, Mark;Redfern, Jan S.;Takeshita, Junko;Rajagopalan, Murlidhar and El Sayed, Mahira,H.

Publication Date: 2025

Journal: International Journal of Dermatology 64(4), pp. 667–677

Abstract: Variations in epidemiology, pathophysiology, genetics, clinical presentation, management, quality of life (QoL) impact, and access to care and research exist globally across the spectrum of individuals with psoriasis. This article aims to provide an evidence-based update on the characteristics of psoriasis in individuals with skin of color (SOC), a population in which psoriasis data have historically been limited. A literature search was conducted from January 2018 until August 2023 in Pubmed/MEDLINE/Cochrane Library and identified studies with I-III level of evidence using Oxford Centre for Evidence-Based Medicine recommendations. Multiple factors (including biological and non-biological) contribute to differences in clinical features and therapeutic nuances in patient populations with SOC. The prevalence of plaque psoriasis is lower in people with SOC but tends to be more severe. People with SOC are less likely to receive biologic treatment. Although the QoL impact of psoriasis is worse in populations with SOC than in White populations, more research is needed to elucidate variations in presentation and impact across diverse populations. An important limitation of this study is that ethnicity, race, and SOC have not been defined universally or used consistently in the literature. Available evidence provides limited information on populations with SOC outside North America, which limits generalizability across global populations. Furthering our understanding of psoriasis in individuals with SOC is crucial to improving patient care outcomes for diverse patient populations worldwide. (© 2025 The Author(s). International Journal of Dermatology published by Wiley Periodicals LLC on behalf of the International Society of Dermatology.)

Access or request full text: https://libkey.io/10.1111/ijd.17651

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39887710&profid=ehost

14. Patient Disease Characteristics and Treatment Patterns in Mild-Moderate Psoriasis: Results from Real-World Clinical Practice in the United States (PROSPECT Study)

Item Type: Journal Article

Authors: Goddard, Emily J.;Haughton, James M.;Lucas, James E.;Barlow, Sophie G.;Fitzgerald, Timothy

P.;Litvintchouk, Alexander M. and Wu, David

Publication Date: 2025

Journal: Dermatology and Therapy 15(3), pp. 663–680

Abstract: **Introduction:** Psoriasis (PsO) is a common dermatological condition. Psoriasis severity is commonly characterized by percentage body surface area (BSA) affected, with < 3% BSA considered mild disease and 3-10% moderate disease. Treatment options for and knowledge of clinical practice patterns in patients with mild PsO are limited. Here, we use real-world data to characterize patients diagnosed with mild and moderate PsO and their clinical management.; **Methods:** Data were derived from the Adelphi Real World PsO Disease Specific Programme™, a cross-sectional survey of dermatologists and adult patients with PsO in the USA, between December 2021 and March 2022. Dermatologists reported demographic and clinical details. Patients reported treatment satisfaction and quality of life using patient-reported outcome measures. Patients were stratified by physician-reported severity at diagnosis (mild/moderate) and compared using bivariate analyses.; **Results:** Out of 389 patients, 18.5% were diagnosed with mild PsO. The majority were female, white, and employed. Patients diagnosed with moderate PsO had higher body mass index ($p = 0.002$) and longer disease duration ($p = 0.041$). Only 22.0% of patients diagnosed with mild PsO had BSA < 3% at diagnosis, and 48.1% of patients diagnosed as moderate PsO had BSA < 10%. BSA improvement following initiation of current treatment was higher among patients diagnosed with moderate PsO ($p < 0.001$). Those diagnosed with moderate PsO more commonly had involvement of the elbows ($p = 0.003$), legs ($p = 0.002$), knees ($p < 0.001$), soles ($p = 0.035$), and back ($p = 0.004$) at diagnosis. Cracked skin, redness, and tender skin ($p < 0.001$ for all) were more common among those diagnosed with moderate PsO. Both groups mostly received topical agents; however, those diagnosed with moderate PsO more commonly received systemic ($p < 0.001$) or biologic ($p = 0.002$) treatment. Patients diagnosed with moderate PsO had lower EQ-5D-5L ($p = 0.014$) and treatment satisfaction ($p = 0.007$) scores.; **Conclusion:** These findings suggest that physicians routinely underestimate PsO severity, resulting in possible undertreatment, suboptimal outcomes, and quality-of-life impairments for patients with milder severity PsO. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s13555-025-01353-x

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39961971&profid=ehost

15. Topical steroid withdrawal: self-diagnosis, unconscious bias and social media

Item Type: Journal Article

Authors: Guckian, Jonathan;Hughes, Olivia;Nikookam, Yasmin;Nair, Ria;Asif, Aqua;Brown, Jeremy;Bewley, Anthony and Latheef, Faheem

Publication Date: 2025

Journal: Skin Health and Disease 5(4), pp. 281–288

Abstract: **Background:** Consensus amongst dermatologists regarding the phenomenon of topical steroid withdrawal (TSW) is elusive. This may be contrasted with a growing online patient movement, including social media communities.; **Objectives:** This study aimed to investigate dermatologist perspectives regarding TSW and to assess attitudes towards self-diagnosis.; **Methods:** A two-part online questionnaire was disseminated to UK-based Dermatology Consultants, Registrars and Fellows. Section one presented a clinical scenario and randomized respondents into two groups: one mentioning TSW self-diagnosis, and an otherwise identical control without the self-diagnosis. Questions about the clinical scenario were directed to dermatologists and focused on attitudes regarding patient-predicted behaviours. Section two asked about TSW perceptions and experiences, and thematic analysis of open text responses was undertaken.; **Results:** One hundred and three responses were received, including 51 Consultants, 38 Trainee Dermatologists, 10 Dermatology Fellows, 3 Specialty And Specialist (SAS) Dermatology doctors and 1 Post-CCT (Certificate of Completion of Training) Fellow. Thirty-four percent (n = 35/103) of respondents considered TSW to be a distinct clinical entity, 17.5% (n = 18/103) did not and 48.5% (n = 50/103) were unsure. Respondents felt that self-diagnosing TSW patients were less likely to comply with treatment, and more likely to take up time and pose management problems compared with controls. Themes of uncertainty regarding diagnostic veracity and social media misinformation were identified.; **Conclusions:** Uncertainty regarding the veracity of a TSW diagnosis and its management is common amongst dermatology healthcare professionals (HCPs). Dermatology HCPs in this study considered that patients who self-diagnosed TSW were more difficult to engage with skin disease management. Dermatologists desire further understanding of and research into the nature and management of TSW. (© The Author(s) 2025. Published by Oxford University Press on behalf of British Association of Dermatologists.)

Access or request full text: https://libkey.io/10.1093/skinhd/vzaf051

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40755879&profid=ehost

16. Trajectories of allergic diseases in children: Destination unknown?

Item Type: Journal Article

Authors: Kalb, Birgit;Khaleva, Ekaterina;Giovannini, Mattia;Adel-Patient, Karine;Amat, Flore;Arasi, Stefania;Lau, Susanne;Nieto, Antonio;Schaub, Bianca;Standl, Marie;O'B Hourihane, Jonathan;Eigenmann, Philippe and Deschildre, Antoine

Publication Date: 2025

Journal: Pediatric Allergy and Immunology : Official Publication of the European Society of Pediatric Allergy and Immunology 36(7), pp. e70131

Abstract: The trajectories of allergic diseases represent one of the most currently debated topics both when referred to childhood and likewise adulthood. Data from cohorts show their heterogeneity as well as the key role of genetic and environmental factors. More insight has been recently provided in the pathophysiological mechanisms underlying the development and amplification of T2 (hyper)inflammation. Recent data support

the hypothesis of associated allergic diseases (multimorbidity) reflecting, at a given time and in given organ(s)/tissue(s), the expression of the same favorable predisposition. In particular, the impairment of the epithelial barrier, especially in subjects genetically predisposed, and the dysregulation of the host's microbiome promote the onset of allergic diseases and multimorbidity, their persistence and/or severity. These findings challenge the classical theory of the atopic march with a temporal sequence characterized by the transition from one disease (eczema) to another (food allergy, airway allergic diseases). A better understanding of the diversity of disease trajectories and the underpinning mechanisms is crucial for prevention and identification of children at risk of a "unfavorable trajectory" (early intervention, i.e., early primary or secondary prevention), for a personalized therapeutic approach based on identification of specific endotypes, and, therefore, addressing specific pathophysiological pathways (treat to target strategies). In the perspective of the so-called "remission" and "treatment-induced-remission", the whole spectrum of the long-term consequences of the disease(s) including their treatment has to be considered. The concept of disease modifying treatment able to interfere with their trajectories and overall long-term induced morbidity is emerging. (© 2025 The Author(s). Pediatric Allergy and Immunology published by European Academy of Allergy and Clinical Immunology and John Wiley & Sons Ltd.)

Access or request full text: https://libkey.io/10.1111/pai.70131

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40589146&profid=ehost

17. Efficacy and Safety of Roflumilast Cream in Atopic Dermatitis: A Systematic Review and Meta-Analysis of Randomised Controlled Trials

Item Type: Journal Article

Authors: Kow, Chia Siang;Ramachandram, Dinesh Sanggaran;Hasan, Syed Shahzad and Thiruchelvam, Kaeshaelya

Publication Date: 2025

Journal: The Australasian Journal of Dermatology 66(4), pp. 220–224

Abstract: This systematic review and meta-analysis evaluated the efficacy and safety of roflumilast cream in treating atopic dermatitis (AD) by analysing data from three randomised controlled trials. The results demonstrated significant improvement in treatment success with roflumilast compared to vehicle creams, with a modest increase in mild adverse events, supporting its potential as an effective and well-tolerated treatment for AD. (© 2025 Australasian College of Dermatologists.)

Access or request full text: https://libkey.io/10.1111/ajd.14466

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40130783&profid=ehost

18. Oral health care pathways for patients with epidermolysis bullosa: A position statement from the European reference network for rare skin diseases

Item Type: Journal Article

Authors: Krämer, S.;Hillebrecht, A. L.;Bekes, K.;Bücher, K.;Clark, V.;Haririan, H.;Jakowski, J.;Joseph, C.;Meißner, N.;Monteiro, J.;Porter, S.;Schilke, R.;Veliz, S.;Verhaeghe, V.;Vinereanu, A.;Bolling, M. C.;Diem, A.;Mellerio, J. E.;Bodemer, C. and Has, C.

Publication Date: 2025

Journal: Journal of the European Academy of Dermatology and Venereology : JEADV 39(6), pp. 1080–1090

Abstract: Background: Inherited epidermolysis bullosa (EB) comprises a group of genetic disorders characterized by skin fragility and unique oral features. It requires interdisciplinary care from several health professionals, including oral health teams. Modern dentistry encompasses a wide range of therapeutic options performed by specialists from different fields.; **Objective:** To guide clinicians caring for patients with different types of EB to seek care from different dental services.; **Methods:** Dental treatment needs for patients with EB were identified based on a systematic literature review. A panel of experts was consulted and invited to provide additional information through an open-ended question over 7 months. A Delphi study was applied over two rounds to the resulting pathways design. The threshold of consensus was set a priori at 75%. Patients' representatives revised the final document.; **Results:** The panel (n = 17) agreed on a total of 55 recommendations divided into six groups according to the severity of oral compromise in EB (52 recommendations were agreed on in round 1, and three were agreed on in round 2).; **Conclusions:** Dental care pathways are presented for each type of EB. Specific considerations are discussed according to clinical features, including age of first referral, frequency of follow-up appointments, and list of dental specialties involved in the care of patients with EB. (© 2024 The Author(s). Journal of the European Academy of Dermatology and Venereology published by John Wiley & Sons Ltd on behalf of European Academy of Dermatology and Venereology.)

Access or request full text: https://libkey.io/10.1111/jdv.20498

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39673192&profid=ehost

19. The causal association between psoriasis and 32 types of cancer: a mendelian randomization study

Item Type: Journal Article

Authors: Li, Guangyao;Tian, Jiahe;Xu, Jingyu and Li, Kun

Publication Date: 2025

Journal: Discover Oncology 16(1), pp. 819

Abstract: **Background:** Psoriasis is a systemic immune disease associated with the development of various cancers. However, the causal nature of this association remains unclear. This study aims to systematically investigate the potential causal relationship between psoriasis and 32 types of cancer.; **Methods:** We utilized data from two large genomic databases, the UK Biobank and FinnGen, to extract GWAS summary statistics for 32 cancer types as outcomes and psoriasis-related data as exposures. Mendelian randomization (MR) analysis was performed to assess the causal effects of psoriasis on cancer risk. Sensitivity analyses, including heterogeneity and horizontal pleiotropy tests, were conducted to ensure robustness. Additionally, meta-analysis and FDR correction were applied to enhance the reliability of the results.; **Results:** Our findings revealed significant causal relationships between psoriasis and four cancer types: Psoriasis was associated with an increased risk of laryngeal cancer (OR = 1.15, 95% CI: 1.05-1.26). Psoriasis exhibited a protective effect against oral cavity and pharyngeal cancer (OR: 0.91; 95% CI: 0.86-0.97), prostate cancer (OR: 0.97; 95% CI: 0.95-0.99), and malignant non-melanoma cancer (OR: 0.89; 95% CI: 0.82-0.96).; **Conclusion:** Psoriasis may exert bidirectional effects on the development of specific cancers through distinct mechanisms. Specifically, psoriasis may increase the risk of laryngeal cancer while reducing the risk of oral cavity and pharyngeal cancer, prostate cancer, and malignant non-melanoma cancer. These findings provide new insights into the causal relationship between psoriasis and cancer and could inform prevention and treatment strategies for these diseases. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s12672-025-02679-w

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40389789&profid=ehost

20. Identifying Mild-to-Moderate Atopic Dermatitis Using a Generic Machine Learning Approach: A Danish National Health Register Study

Item Type: Journal Article

Authors: Liljendahl, Mie Sylow;Ibler, Kristina;Vestergaard, Christian;Skov, Lone;Jain, Pavika;Rudolfsen, Jan Håkon;Hærskjold, Ann and Torpet, Mathias

Publication Date: 2025

Journal: Acta Dermato-Venereologica 105, pp. adv42250

Abstract: Atopic dermatitis is a chronic skin disease, causing itching and recurrent eczematous lesions. In Danish national register data, adults with atopic dermatitis can only be identified if they have a hospital-diagnosed atopic dermatitis. The purpose of this study was to develop a machine learning model to identify all patients with atopic dermatitis by proxy, using data for contacts with primary care, prescription medication, and hospital contacts not related to skin diseases. Individuals redeeming a prescription for dermatological preparations were extracted as potential patients with atopic dermatitis. Individuals with a registered hospital diagnosis of atopic dermatitis were classified as "Known AD", "Other skin disease" (registrations of other

dermatological diagnosis codes indicating other skin disease), or "Uncertain AD status"' (no hospital diagnosis registered). Patients categorized as "Known AD" and "Other skin disease" were used to develop the model. All uses of healthcare services 2 years prior to hospital diagnosis were used as potential predictors. The data were split into training and validation sets (70/30). From 1996 to 2022, 385,135 individuals had uncertain atopic dermatitis status. The most important predictors were corticosteroid prescriptions for dermatological use, consultations with dermatologist, and age. Of the 385,135 individuals, the model predicted that 230,522 individuals likely have atopic dermatitis.

Access or request full text: https://libkey.io/10.2340/actadv.v105.42250

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40364476&profid=ehost

21. The integration of dermatology experts into primary care to assess and treat patients with skin lesions is cost-effective: A quasi-experimental study

Item Type: Journal Article

Authors: Lovén, Maria;Huilaja, Laura;Paananen, Markus and Torkki, Paulus

Publication Date: 2025

Journal: Journal of the European Academy of Dermatology and Venereology : JEADV 39(9), pp. 1666–1674

Abstract: Background: The management of patients with skin changes can be challenging in primary healthcare; general practitioners (GPs) often lack the expertise to make accurate assessments and treatment decisions. The standard care pathway for skin changes can result in extended treatment times and costs.; Objectives: This study was designed to evaluate the cost-effectiveness of integrating a dermatologist into the primary care setting to assess and treat patients with skin disorders. The primary outcome was the incremental cost-effectiveness ratio (ICER) for each malignant or pre-malignant skin disease found and treated. The secondary outcomes included ICER for any treated skin finding, number needed to excise to find malignant or pre-malignant skin disease, number of hospital referrals required and changes in quality of life (QoL) in the presence and absence of the integration.; **Methods:** This was a quasi-experimental cohort study conducted at three primary healthcare centres in Finland. In the two intervention centres, patients with skin findings visited a dermatologist; in the control centre they visited a GP. Cost-effectiveness was assessed using the incremental cost-effectiveness ratio (ICER). QoL was assessed with the PROMIS v1.2, calculative EQ-5D-3L and PROMIS Anxiety 4a instruments.; **Results:** In total, 186 integration and 176 control patients were included. For an additional patient treated for a (pre-)malignant skin disease, the ICER was €852 lower and with any skin disease €381 lower in the integration group than with standard care. Fewer biopsies were required for each malignant or pre-malignant skin disease in the integration group compared to the control group (2.1 and 6.5 per patient; $p < 0.001$) and lower proportion of patients were referred to hospital (8.1 vs. 17.1%, $p < 0.001$). Patient QoL did not differ between groups.; **Conclusions:** The integration of dermatological expertise into primary care settings is cost-effective and can streamline the management of patients with skin conditions without worsening their QoL. (© 2024 The Author(s). Journal of the European Academy of

Dermatology and Venereology published by John Wiley & Sons Ltd on behalf of European Academy of Dermatology and Venereology.)

Access or request full text: https://libkey.io/10.1111/jdv.20451

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39620255&profid=ehost

22. The Synergetic Effect of Periodontal Therapy and TNF-α Inhibitor for the Treatment of Comorbid Periodontitis and Psoriasis

Item Type: Journal Article

Authors: Marruganti, Crystal;Gaeta, Carlo;Falciani, Chiara;Cinotti, Elisa;Rubegni, Pietro;Alovisi, Mario;Scotti, Nicola;Baldi, Andrea;Bellan, Cristiana;Defraia, Chiara;Bertaggia, Elena;Fiorino, Fabio;Valensin, Silvia;Bellini, Erika;De Rosa, Antonella;Graziani, Filippo;D'Aiuto, Francesco and Grandini, Simone

Publication Date: 2025

Journal: Journal of Clinical Periodontology 52(6), pp. 907–919

Abstract: Aim: To assess the adjunctive effect of periodontal therapy on psoriasis-related outcomes in a combined experimental model of ligature-induced periodontitis and Imiquimod (IMQ)-induced psoriasis. Also, this experiment aimed to study the impact of TNF-α inhibitors on the periodontium.; **Methods:** Fifty-six C57/BL6J mice were randomly allocated to seven experimental groups: (a) control group (P-Pso-) with no treatment; (b) periodontitis (P+Pso-) with periodontal therapy; (c) periodontitis (P+Pso-) with TNF-α inhibitor; (d) psoriasis (P-Pso+) with TNF-α inhibitor; (e) periodontitis and psoriasis (P+Pso+) with periodontal therapy; (f) P+Pso+ with TNF-α inhibitor; and (g) P+Pso+ with both periodontal therapy and TNF-α inhibitor. Samples (maxilla, dorsal skin and blood) were harvested immediately after death. Measures of periodontitis distance between the cemento-enamel junction and alveolar bone crest (CEJ-ABC) and number of osteoclasts and psoriasis (epidermal thickness and infiltrate cells (per 0.03mm 2)) severity, as well as systemic inflammation (IL-6, IL-17A and TNF-α) were collected.; **Results:** In the P+Pso+ group, a significant adjunctive effect of periodontal therapy to TNF-α inhibitors was found in the reduction of epidermal thickening and inflammatory infiltrate of the dorsal skin ($p < 0.05$). Similarly, treatment with TNF-α inhibitor resulted in a significant adjunctive effect to periodontal therapy in the reduction of alveolar bone loss ($p < 0.05$). These changes were accompanied by a significant decrease in the circulating levels of IL-6 and IL-17A when both periodontal therapy and TNF-α inhibitor were administered.; **Conclusions:** The combination of periodontal therapy and TNF-α inhibitor showed a positive synergetic effect in the treatment of comorbid experimental ligature-induced periodontitis and IMQ-induced psoriasis via the reduction of systemic inflammation. (© 2025 The Author(s). Journal of Clinical Periodontology published by John Wiley & Sons Ltd.)

Access or request full text: https://libkey.io/10.1111/jcpe.14102

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40277096&profid=e

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23. Drug survival of IL-23 and IL-17 inhibitors versus other biologics for psoriasis: A British Association of Dermatologists Biologics and Immunomodulators Register cohort study

Item Type: Journal Article

Authors: Motedayen Aval, Leila;Yiu, Zenas Z. N.;Alabas, Oras A.;Griffiths, Christopher E. M.;Reynolds, Nick J.;Hampton, Philip J.;Smith, Catherine H. and Warren, Richard B.

Publication Date: 2025

Journal: Journal of the European Academy of Dermatology and Venereology : JEADV 39(10), pp. 1785–1795

Abstract: Background: Interleukin (IL)-23p19 and IL-17 inhibitors have demonstrated high efficacy for psoriasis in randomized controlled trials, though real-world data, particularly for risankizumab (IL-23p19 inhibitor) and brodalumab (IL-17 receptor (IL-17R) inhibitor), is limited.; **Objectives:** To assess drug survival of IL-23p19 and IL-17 inhibitors compared to other biologics for psoriasis.; **Methods:** We conducted a cohort study using data from the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR) from November 2007 to June 2023. Multivariable flexible parametric models assessed drug survival, with discontinuation due to ineffectiveness and adverse effects reported separately. The primary outcome measure was the absolute difference in restricted mean survival time at 2 years, referred to as adjusted survival time, between all comparators.; **Results:** Among 19,034 treatment courses (median follow-up: 2.3 years), treatments included adalimumab (tumour necrosis factor-alpha (TNF-a) inhibitor, n = 6,815), ustekinumab (IL-12/23p40 inhibitor, n = 5,639), secukinumab (IL-17A inhibitor, n = 3,051), ixekizumab (IL-17A inhibitor, n = 1,072), brodalumab (n = 367), guselkumab (IL-23p19 inhibitor, n = 1,258) and risankizumab (n = 832). Guselkumab and risankizumab had the highest adjusted survival times (years interquartile ranges]) for effectiveness (1.93 1.91-1.95] and 1.93 1.90-1.96], respectively). Risankizumab had the highest survival for safety (1.94 1.92-1.96]) followed by guselkumab (1.92 1.90-1.94]) and ustekinumab (1.92 1.91-1.93]). Brodalumab showed lower adjusted survival time for effectiveness (1.75 1.69-1.81]) than most biologics except secukinumab and adalimumab; and similar survival for safety (1.85 1.81-1.90]) compared to IL-17A inhibitors and adalimumab. In patients with psoriatic arthritis, ustekinumab showed reduced drug survival. Prior biologic exposure was associated with a dose-response reduction in survival which was significantly larger for IL-17 inhibitors.; **Conclusions:** Guselkumab and risankizumab have the most favourable drug survival for effectiveness, with comparable safety to ustekinumab, and more favourable than other BADBIR biologics. Longer drug survival may reduce treatment burden by minimizing treatment switches, clinic visits and disease flares, supporting IL-23p19 inhibitors as a practical long-term option for psoriasis. (© 2025 The Author(s). Journal of the European Academy of Dermatology and Venereology published by John Wiley & Sons Ltd on behalf of European Academy of Dermatology and Venereology.)

Access or request full text: https://libkey.io/10.1111/jdv.20739

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40439435&profid=e

host

24. Patient Needs and Treatment Goals in Chronic Atopic Pruritus: Does Eczema Make a Difference?

Item Type: Journal Article

Authors: Müller, Svenja;Zeidler, Claudia;Mess, Christian;Kahnert, Stefan M.;Löwe, Bernd;Weigel, Angelika;Witte, Felix;Huck, Volker;Nguyen, Lynhda;Augustin, Matthias;Frank, Gina;Agelopoulos, Konstantin;Wiegmann, Henning;Köchel, Ansgar;Conrad, Rupert;Schneider, Gudrun;Schneider, Stefan W.;Ständer, Sonja;Hansen-Abeck, Inga and Abeck, Finn

Publication Date: 2025

Journal: Acta Dermato-Venereologica 105, pp. adv42773

Abstract: Chronic pruritus (≥ 6 weeks) is a frequent symptom in atopic diseases, with phenotypes ranging from non-lesional skin to inflammatory diseases like atopic dermatitis. Data on patients' needs and treatment goals depending on the skin phenotype and disease burden are limited. This study aimed to analyse the impact of distinct phenotypes of chronic atopic pruritus on disease burden and treatment goals. Another objective was to investigate whether the disease burden influences the treatment goals. Patient-reported outcomes of 1,086 adult patients (n = 529 with atopic dermatitis, n = 557 with chronic pruritus on non-lesional skin with atopic skin diathesis) were analysed age- and gender-matched (mean age 49.7 ± 19.0 years; n = 605 female 55.7%]), comparing pruritus intensity (Numeric Rating Scale), quality of life (Dermatology Life Quality Index, ItchyQol), anxiety and depression (Hospital Anxiety and Depression Scale), and patient needs (Patient Needs Questionnaire of the Patient Benefit Index-Pruritus). Although the disease burden was significantly higher in patients with atopic dermatitis (prolonged disease duration, increased quality of life impairment, higher pruritus intensity), the treat-ment goals of both phenotypes matched in 92.6%. The most important needs were to no longer experience itching, find a clear diagnosis and therapy, and have confidence in the therapy.

Access or request full text: https://libkey.io/10.2340/actadv.v105.42773

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40077979&profid=ehost

25. Skin Biopsy as a Diagnostic Tool for ATTRv Amyloid Neuropathy in the UK

Item Type: Journal Article

Authors: O'Donnell, Luke,F.;Zhang, Victor;Carganillo, Roy;Rossor, Alexander M.;Laura, Matilde;Skorupinska, Mariola;Gilbertson, Janet A.;Rowczenio, Dorota;Razvi, Yousuf;Gillmore, Julian D. and Reilly, Mary M.

Publication Date: 2025

Journal: Journal of the Peripheral Nervous System : JPNS 30(3), pp. e70042

Abstract: Objective: Gene silencing therapy for ATTRv has revolutionised treatment. In minimally symptomatic, early neuropathic disease, skin biopsy can aid in the diagnosis of ATTRv-PN, assessing both amyloid deposition and IENFD. Our aim was to study the value of performing skin biopsies in the diagnosis of ATTRv-PN in UK patients and to assess the influence of this on accessing gene silencing treatment.; **Methods:** Seventy-three patients had skin biopsies performed between July 2021 and October 2023. These were stained for amyloid, typed by immunohistochemistry, and analysed for IENFD.; **Results:** The Thr60Ala (30%), Val122Ile (23%) and Val30Met (22%) variants represented the largest number of cases. Normal/equivocal neurophysiology was demonstrated in 78% of cases. 40% of patients had abnormal IENFD, 33% had positive amyloid and 16% had both. This allowed 33% of patients to start gene silencing therapy, 75% of whom had a preceding amyloid cardiomyopathy diagnosed.; **Conclusions:** Skin biopsy is a useful, minimally invasive method for diagnosing ATTRv-PN. It allowed a substantial number of patients to commence gene silencing treatment. As Thr60Ala and Val122Ile are the commonest TTR variants in the UK and patients often present with cardiomyopathy, early diagnosis of ATTRv-PN is critical for treatment decisions. (© 2025 The Author(s). Journal of the Peripheral Nervous System published by Wiley Periodicals LLC on behalf of Peripheral Nerve Society.)

Access or request full text: https://libkey.io/10.1111/jns.70042

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40580033&profid=ehost

26. Psychological Distress of Psoriasis Patients

Item Type: Journal Article

Authors: O'Leary, C.

Publication Date: 2025

Journal: British Journal of Hospital Medicine (London, England : 2005) 86(8), pp. 1–17

Abstract: This review explores the psychological challenges experienced by people with psoriasis. Psychological distress is associated with a wide range of challenges including depression, anxiety, low self-esteem, relationship difficulties and sleep disorders. Though psychological distress is prevalent and may significantly impact the quality of life, treatment outcomes and the delivery of healthcare, it is often unrecognised and untreated. The review explores why the assessment of the psychological impact of psoriasis is essential to meet the holistic needs of individuals with psoriasis. Multidisciplinary psychodermatology teams, using a stepped-care approach to addressing psychological distress, may be best placed to care for the needs of this population.

Access or request full text: https://libkey.io/10.12968/hmed.2024.0802

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40847969&profid=ehost

27. International survey of treatment practices for atopic dermatitis in pregnant and breastfeeding women: Physician perspectives

Item Type: Journal Article

Authors: Pereira, Manuel P.;Stevanovic, Katarina;Kocatürk, Emek;Meesch, Cathrin;van Hofman, Ingrid;Vaswani, Prema S.;Bernstein, Jonathan A.;Bruscky, Dayanne;Chong-Neto, Herberto;Chu, Chia-Yu;Criado, Roberta Fachini Jardim;Ensina, Luis Felipe;Giménez-Arnau, Ana,M.;Godse, Kiran;Gotua, Maia;Gregoriou, Stamatios;Kulthanan, Kanokvalai;Mortz, Charlotte G.;Mitrevska, Natasa Teovska;Özkaya, Esen, et al

Publication Date: 2025

Journal: Journal Der Deutschen Dermatologischen Gesellschaft = Journal of the German Society of Dermatology : JDDG 23(9), pp. 1116–1124

Abstract: Background and Objectives: Systemic treatment of pregnant/breastfeeding atopic dermatitis (AD) patients is challenging due to limited safety data. We explored treatment practices with systemic agents, including the guideline-recommended cyclosporine as the first systemic choice as well as emerging therapies, in this vulnerable population.; **Patients and Methods:** The Global Allergy and Asthma Excellence Network (GA 2 LEN) ADCARE initiative collected data from physicians worldwide who treat pregnant women with AD. Physicians completed an electronic questionnaire on the use of systemic agents in pregnant/breastfeeding AD patients.; **Results:** 103 physicians from 32 countries completed the survey, primarily dermatologists (n = 48) or allergologists (n = 43). Antihistamines were the systemic drug most often considered to be used during pregnancy/breastfeeding (n = 73/81, 90.1%), with fewer physicians considering the use of systemic agents for the first trimester compared to later stages of pregnancy. For acute flares, systemic corticosteroids (n = 34/80, 42.5%) were preferred, followed by biologics and antihistamines (each n = 15/80, 18.8%). Although the guideline-recommended cyclosporine is sometimes considered for AD during pregnancy (n = 38/81, 46.9%), it was rarely considered as the preferred drug by physicians (n = 1/80, 1.25%).; **Conclusions:** Our study shows a misalignment between guideline recommendations and prescription patterns and highlights an unmet need for knowing and using the existing recommendations. (© 2025 The Author(s). Journal der Deutschen Dermatologischen Gesellschaft published by John Wiley & Sons Ltd on behalf of Deutsche Dermatologische Gesellschaft.)

Access or request full text: https://libkey.io/10.1111/ddg.15728

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40484810&profid=ehost

28. Effectiveness of Adalimumab Biosimilars and Originator for Psoriasis

Item Type: Journal Article

Authors: Phan, D. B.;Bewley, A. P.;Laws, P.;Mackenzie, T.;Smith, C. H.;Griffiths, C. E. M.;Lunt, M.;Warren, R. B. and Yiu, Z. Z. N.

Publication Date: 2025

Journal: JAMA Dermatology 161(4), pp. 358–366

Abstract: Importance: The uncertainties about the real-world effectiveness of adalimumab biosimilars limit their widespread adoption for psoriasis.; **Objective:** To compare the effectiveness of adalimumab biosimilars Amjevita and Imraldi with Humira for psoriasis.; **Design, Setting, and Participants:** An emulation of 2 targeted pragmatic clinical trials was conducted using data from the British Association of Dermatologists Biologics and Immunomodulators Register (BADBIR), a prospective pharmacovigilance registry tracking individuals receiving biologic and conventional systemic treatments for psoriasis in the UK and the Republic of Ireland. Data from patients with psoriasis using adalimumab registered to BADBIR were included. Data were collected from September 2007 to January 2023, and data were analyzed from January to September 2023.; Exposures: The effectiveness of initiating Amjevita and Imraldi were compared with initiating Humira among adalimumab-naive patients, and the effectiveness of switching from Humira to either Amjevita or Imraldi were compared with continuing Humira among patients who had been using Humira consistently for more than 2 years.; **Main Outcomes and Measures:** The study outcomes were absolute Psoriasis Area and Severity Index (PASI) score of 2 or less and PASI score of 4 or less at 12 months after the index date. Inverse propensity treatment weighting was used to analyze receiving either biosimilars or Humira to account for confounding. Multiple imputations were used to account for missing PASI data at 12 months and inverse probability of censoring weighting to account for censorship due to deviation from the treatments under investigation. Logistic regression models were fitted to compare the outcomes between study cohorts.; **Results:** Of 11 400 included patients, 6924 (60.7%) were male, and the mean (SD) age was 45.3 (12.5) years. A total of 6133 patients were identified in the new user analysis (5416 starting Humira, 382 starting Amjevita, and 335 starting Imraldi) and 5267 patients in the switcher analysis (3808 continuing Humira, 847 switching to Amjevita, and 612 switching to Imraldi). Amjevita and Imraldi new users had no significantly different probability of achieving a PASI score of 2 or less (Amjevita: adjusted odds ratio aOR], 0.98; 95% CI, 0.78-1.25; Imraldi: aOR, 0.83; 95% CI, 0.64-1.07) and a PASI score of 4 or less (Amjevita: aOR, 1.07; 95% CI, 0.84-1.37; Imraldi: aOR, 0.91; 95% CI, 0.69-1.20) compared with Humira new users. Patients who switched to Amjevita and Imraldi also had no statistically significant differences in achieving a PASI score of 2 or less (Amjevita: aOR, 1.19; 95% CI, 0.94-1.51; Imraldi: aOR, 0.92; 95% CI, 0.72-1.18) and a PASI score of 4 or less (Amjevita: aOR, 1.32; 95% CI, 0.96-1.84; Imraldi: aOR, 1.00; 95% CI, 0.70-1.41) compared with those who continued Humira.; Conclusions and Relevance: In this study, Amjevita and Imraldi were as effective as Humira for both new starters and patients switching to biosimilars from Humira.

Access or request full text: https://libkey.io/10.1001/jamadermatol.2025.0055

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40042863&profid=e

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29. Non-targeted immunosuppressive and immunomodulatory therapies for idiopathic inflammatory myopathies

Item Type: Journal Article

Authors: Raaphorst, Joost;Gullick, Nicola J.;Shokraneh, Farhad;Brassington, Ruth;Min, Minoesch;Ali, Saadia S. and Gordon, Patrick A.

Publication Date: 2025

Journal: The Cochrane Database of Systematic Reviews 8, pp. CD015855

Abstract: Background: Idiopathic inflammatory myopathies (IIM) are autoimmune-mediated inflammatory disorders of skeletal muscles with non-muscle involvement in some people, which carry significant morbidity and mortality. Treatment of IIM represents an area of unmet need. This review is an update of a review previously published in 2012, as new and promising data on non-targeted treatments have emerged.; **Objectives:** To assess the effects (benefits and harms) of non-targeted immunosuppressant and immunomodulatory treatments for IIM: dermatomyositis (DM, including juvenile dermatomyositis, jDM), immune-mediated necrotising myopathy (IMNM), anti-synthetase syndrome (ASS), overlap-myositis (OM) and polymyositis (PM). We also included cancer-related myositis and amyopathic dermatomyositis.; **Search Methods:** On 3 February 2023, we searched the Cochrane Neuromuscular Specialised Register, CENTRAL, Embase, MEDLINE, ClinicalTrials.gov and WHO ICTRP. We intended to check references and citations, and contact experts to identify additional studies, but lacked the resources.; **Selection Criteria:** We included all randomised controlled trials (RCTs) or quasi-RCTs involving participants (adults and children) with IIM according to defined criteria. We included non-targeted immunosuppressants and immunomodulatory treatments alone or in combination, compared with a placebo, no treatment or another non-targeted immunosuppressant or immunomodulatory treatment. Our two primary outcomes were improvement of function or disability and improvement of muscle strength compared with baseline. By preference, we used the Health Assessment Questionnaire Disability Index (HAQ-DI) for disability and the Manual Muscle Test-8 (MMT8) score (adults or children) for muscle strength. Other outcomes were achievement of definitions of improvement (DOI) (the International Myositis Assessment and Clinical Studies (IMACS) Group or the more recent total improvement scores (TIS); for children, we reported achievement of improvement defined by the Paediatric Rheumatology International Trials Organisation (PRINTO)), cumulative corticosteroid dose, change in skin disease activity, serious adverse event and withdrawals for lack of benefit or adverse events.; **Data Collection and Analysis:** We followed standard Cochrane methodology. To assess the risk of bias, we used the domain-based Cochrane risk of bias tool (RoB 1). We used fixed-effect models and, when needed, random-effects models for meta-analysis. We created summary of findings tables for any comparison for which data were available but prioritised comparisons of the following with placebo, no treatment or standard care: immunoglobulin, azathioprine and methotrexate. We included other comparisons as additional tables. We assessed the certainty of evidence using the GRADE approach.; **Main Results:** We identified 16 studies (789 participants). The risk of bias in all but one study was high or unclear. Intravenous immunoglobulin (IVIg), compared to placebo, probably improves disability and muscle strength in participants with refractory IIM

(standardised mean difference (SMD) 0.86, 95% confidence interval (CI) 0.51 to 1.21 (disability) and 0.78, 95% CI 0.43 to 1.13 (muscle strength); 3 RCTs, 136 participants; both moderate-certainty evidence). IVIg has a higher response rate based on American College of Rheumatology/European League Against Rheumatism (ACR/EULAR) criteria than placebo (risk ratio (RR) 1.80, 95% CI 1.26 to 2.56; 1 RCT, 95 participants; moderate-certainty evidence). IVIg, compared to placebo, improves skin symptoms (Cutaneous Dermatomyositis Disease Area and Severity Index (CDASI) total activity score 0 to 100; higher worse) in people with refractory DM (mean difference (MD) -8.20, 95% CI -11.91 to -4.49; 1 RCT, 95 participants; moderate-certainty evidence). There may be more serious adverse events with IVIg than with placebo (RR 1.91, 95% CI 0.50 to 7.30; 2 RCTs, 144 participants; very low-certainty evidence), but little or no difference between IVIg and placebo in withdrawals for either lack of benefit or adverse events (RR 1.02, 95% CI 0.24 to 4.33; 3 RCTs, 154 participants; very low-certainty evidence). For azathioprine versus placebo, one study showed little or no effect of azathioprine on improvement in muscle strength, but the evidence was very uncertain (RR 1.33, 95% CI 0.43 to 4.13; 1 RCT; 16 participants; very low-certainty evidence). The evidence was also very uncertain for cumulative steroid dose (MD 12.06 mg/kg, 95% CI -6.09 to 30.21; 1 RCT, 16 participants; very low-certainty evidence). This early study did not assess IMACS DOI or CDASI or measure function or disability. Serious adverse events and withdrawals for either lack of benefit or adverse events were not systematically reported. For methotrexate, there may be little or no improvement in adults with DM or PM in function (Amyotrophic Lateral Sclerosis Functional Rating Scale 0 to 40, higher better) (MD 1.24, 95% CI -1.60 to 4.08; 1 RCT, 27 participants; very low-certainty evidence), muscle strength (MMT scale 0 to 80, higher better) (MD -5.68, 95% CI -12.94 to 1.58; 1 RCT, 27 participants; very low-certainty evidence), achievement of IMACS DOI (RR 1.01, 95% CI 0.74 to 1.39; 1 RCT, 27 participants; very low-certainty evidence). Cumulative steroid dose was measured, but the data could not be analysed, and change in CDASI was not measured. In children with new-onset jDM on a background therapy of prednisone, a higher proportion may achieve minimal improvement according to the PRINTO criteria with methotrexate than with placebo (RR 1.40, 95% CI 1.01 to 1.96; 1 RCT, 93 participants; low-certainty evidence). Serious adverse events may occur slightly more frequently with methotrexate (RR 1.48, 95% CI 0.54 to 4.07; 2 RCTs, 124 participants; low-certainty evidence). There may be fewer withdrawals for lack of benefit or adverse events with methotrexate (RR 0.62, 95% CI 0.37 to 1.05; 3 RCTs, 151 participants; low-certainty evidence).; **Authors' Conclusions:** Our review shows improvement in disability, muscle strength and skin symptoms following IVIg in people with refractory DM (for PM, these data are not reliable; other subtypes have not been investigated in RCTs). The improvements related to IVIg in DM may be clinically meaningful, but the absence of established minimal clinically important differences (MCIDs) for both disability and muscle strength in IIM does not facilitate interpretation. For the other agents, the small number of trials of immunosuppressive and immunomodulatory therapies is inadequate to decide whether these agents are beneficial in IIM (excluding IBM). Our review shows room for improvement in the conduct and reporting of clinical trials in IIM, as well as the need to further investigate MCIDs for important outcome measures in IIM.

Access or request full text: https://libkey.io/10.1002/14651858.CD015855

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40787733&profid=ehost

30. Prevalence and Trends in Systemic Treatment for Pediatric Psoriasis in the USA between 2015 and 2021

Item Type: Journal Article

Authors: Ramond, Anna;Rosario-Jansen, Theresa;Yang, Xinyu and Paller, Amy S.

Publication Date: 2025

Journal: Dermatology and Therapy
Abstract: Introduction: Biologics may have altered the standard of care for pediatric psoriasis, the prevalence of which has not been studied since 2015. The objective of this study was to provide an update of the prevalence of and treatment landscape for pediatric psoriasis in the USA, highlighting the current burden of the condition and the need for improved disease awareness.; **Methods:** In this retrospective cohort study, US claims data (July 2015 to October 2021) from the MarketScan ® database were used to estimate the prevalence of overall plaque psoriasis and moderate to severe plaque psoriasis in pediatric patients (aged 6-17 years) from 2016 to 2020. Systemic/phototherapy treatment use (per 100 patient-years PY]) in moderate to severe pediatric patients was reported from 2017 to 2021.; **Results:** A total of 8935 pediatric patients with psoriasis were included, of whom 1448 had moderate to severe psoriasis. In 2020, the estimated overall pediatric psoriasis prevalence based on coding was 117.4/100,000, and it was 18.4/100,000 for moderate to severe psoriasis. Between 2017 and 2021, the use of non-biologic systemic treatments (2017: 36.3/100 PY; 2021: 14.1/100 PY) and phototherapy treatments (2017: 41.3/100 PY; 2021: 4.3/100 PY) decreased, while the use of biologics increased (2017: 41.5/100 PY; 2021: 56.4/100 PY). Interleukin inhibitor use increased (2017: 5.0/100 PY; 2021: 37.6/100 PY), while tumor necrosis factor (TNF) inhibitor use decreased (2017: 37.5/100 PY; 2021: 20.2/100 PY). Ustekinumab use increased the most (2017: 4.8/100 PY; 2021: 30.4/100 PY), followed by ixekizumab (2017: 0.2/100 PY; 2021: 7.2/100 PY).; **Conclusions:** In 2020, psoriasis remained relatively uncommon among US children and adolescents, with 15.9% having moderate to severe psoriasis. Meanwhile, treatment for moderate to severe psoriasis shifted from older treatments, particularly non-biologic systemics and TNF inhibitors, toward newer, more efficacious interleukin inhibitors. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s13555-025-01545-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=41004087&profid=ehost

31. Optimization of Anthralin Microemulgel Targeted Delivery for Psoriasis and Acne

Item Type: Journal Article

Authors: Sakarkar, S.;Jagdale, S.;Dargude, S.;Chabukswar, A.;Urooj, S.;Bilal, A. and Mengash, H. A.

Publication Date: 2025

Journal: Molecules (Basel, Switzerland) 30(12)
Abstract: Background: Anthralin is known for its efficacy in treating psoriasis and acne, possessing poor solubility. Addressing these limitations, the present study endeavors to develop a microemulgel formulation of

anthralin aimed at enhancing solubility. **Method:** The solubility study was performed in various solvents. An o/w (oil-in-water) emulsion was formed using the water titration method, which was optimized by statistical experimental design half-run CCD. The final optimized batch was evaluated for physicochemical and in vitro properties **Result:** The final optimized batch showed a particle size (PS) of 417 nm, -25.2 mV zeta potential (ZP) and pH 5.8, which remained stable upon centrifugation, heating-cooling and freeze-thawing cycle. Furthermore, microemulsion with Carbopol 943 5% w / v was selected as the gel base for the formation of microemulgel characterized by PS, ZP, pH, and viscosity of 230 nm, -50.6 mV, 6.9 and 14,200 cps, respectively, that ensured it a high enough stability. In silico molecular docking between ligand and protein provides the binding energies validating the interaction. Hence, the in silico study was performed for psoriasis and P. acne proteins. An in vitro antibacterial activity study on Propionibacterium revealed a significant efficiency of the formulation and MTT assay using L929 cell line in the presence of the drug-loaded microemulgel indicated an inhibition of growth proving that formulation has anti-psoriatic activity. **Conclusions:** Combination therapy with Clindamycin might improve efficacy while reducing antibiotic resistance risks.

Access or request full text: https://libkey.io/10.3390/molecules30122629

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40572592&profid=ehost

32. Systemic pharmacological treatments for chronic plaque psoriasis: a network meta-analysis

Item Type: Journal Article

Authors: Sbidian, Emilie;Chaimani, Anna;Guelimi, Robin;Tai, Cheng-Chen;Beytout, Quentin;Choudhary, Cherry;Mubuanga Nkusu, Alexia;Ollivier, Camille;Samaran, Quentin;Hughes, Carolyn;Afach, Sivem and Le Cleach, Laurence

Publication Date: 2025

Journal: The Cochrane Database of Systematic Reviews 8, pp. CD011535

Abstract: Rationale: Psoriasis is an immune-mediated disease with either skin or joints manifestations, or both, and it has a major impact on quality of life. Although there is currently no cure for psoriasis, various treatment strategies allow sustained control of disease signs and symptoms. Despite multiple available treatments, their comparative efficacies and safety remain unclear due to the limited number of direct comparisons. We conducted a network meta-analysis to comprehensively compare systemic treatments.; **Objectives:** To compare the benefits and harms of non-targeted systemic agents, targeted synthetic agents, and biologic targeted treatments for people with moderate-to-severe psoriasis using a network meta-analysis, and to rank these treatments according to their benefits and harms.; **Search Methods:** For this update of the living systematic review, we updated our searches monthly up to July 2024 in the following databases and trial registers: CENTRAL, MEDLINE, Embase, ClinicalTrials.gov, and WHO ICTRP.; **Eligibility Criteria:** Randomised controlled trials of systemic pharmacological treatments in adults over 18 years of age with moderate-to-severe plaque psoriasis, at any stage of treatment, compared to placebo or another active agent, irrespective

of dose and duration.; **Outcomes:** The critical outcomes were proportion of participants who achieved clear or almost clear skin, that is, at least Psoriasis Area and Severity Index (PASI) 90 and proportion of participants with serious adverse events (SAEs) at induction phase (8 to 24 weeks after randomisation).; Risk of Bias: We used the Cochrane RoB 2 tool.; **Synthesis Methods**: We conducted study selection, data extraction, risk of bias assessment, and analysis in duplicate. We synthesised data using pairwise and network meta-analyses to compare treatments and rank them according to effectiveness (PASI 90 score) and acceptability (inverse of SAEs). We assessed the certainty of network meta-analysis evidence for the two critical outcomes and all comparisons using CINeMA, as very low, low, moderate, or high. We contacted study authors when data were unclear or missing. We used the surface under the cumulative ranking curve (SUCRA) to infer treatment hierarchy, from 0% (worst for effectiveness or safety) to 100% (best for effectiveness or safety).; **Included Studies:** This update includes 26 new studies, taking the total number of included studies to 204, and randomised participants to 67,889 (67% men), mainly recruited from hospitals. The average age was 44.4 years, and the mean PASI score at baseline was 20.5 (range: 9.5 to 40). Most studies were placebo-controlled (56%). We assessed 26 treatments. Most (171) trials were multicentric (2 to 231 centres). Most studies (157/204) declared funding by a pharmaceutical company, and 27 studies did not report a funding source.; **Synthesis of Results:** Network meta-analysis at class level demonstrated that all interventions had a higher proportion of participants reaching PASI 90 than placebo. Anti-interleukin (IL)17 treatment showed a higher proportion of participants reaching PASI 90 compared to all the interventions. Biologic treatments anti-IL17, anti-IL12/23, anti-IL23, and anti-tumour necrosis factor (TNF)-alpha showed a higher proportion of participants reaching PASI 90 than the non-targeted systemic agents and the targeted systemic agents. For reaching PASI 90, the most effective drugs when compared to placebo were (in SUCRA rank order): infliximab (moderate-certainty evidence), xeligekimab (moderate-certainty), bimekizumab (high-certainty), ixekizumab (moderate-certainty), and risankizumab (moderate-certainty). Clinical effectiveness of these drugs was similar when compared against each other. There was evidence of a difference in favour of bimekizumab, ixekizumab, and risankizumab compared to secukinumab, brodalumab, and guselkumab in achieving PASI 90. Infliximab, anti-IL17 drugs (bimekizumab, ixekizumab, secukinumab, sonelokimab, brodalumab), and anti-IL23 drugs (risankizumab and guselkumab) showed evidence of a difference in achieving PASI 90 compared to ustekinumab, tildrakizumab, three anti-TNF-alpha agents (adalimumab, certolizumab, and etanercept), and deucravacitinib. Ustekinumab was superior to certolizumab. Adalimumab, tildrakizumab, and ustekinumab were superior to etanercept, deucravacitinib, and apremilast. Ciclosporin and methotrexate were superior to apremilast for reaching PASI 90. We found no evidence of a difference between any of the interventions and the placebo for the risk of SAEs. Nevertheless, the SAEs analyses were based on a very low number of events with low-certainty evidence for most comparisons. Therefore, the findings must be viewed with caution. For PASI 90, 31% of studies (51/165) had a high risk of bias, 34% (56 studies) had some concerns, and 35% (58) had low risk. For SAEs, 57% (94/169) had a high risk of bias, 31% (53 studies) had some concerns, and 13% (22 studies) had low risk.; **Authors' Conclusions:** Our review shows that, compared to placebo, the biologics infliximab, xeligekimab, bimekizumab, ixekizumab, and risankizumab were the most effective treatments for achieving PASI 90 in people with moderate-to-severe psoriasis, with high-certainty evidence for bimekizumab and moderate-certainty evidence for infliximab, xeligekimab, ixekizumab, and risankizumab. This network meta-analysis evidence is limited to induction therapy (outcomes measured from 8 to 24 weeks after randomisation), and is not sufficient for evaluating longer-term outcomes in this chronic disease. Moreover, we found low numbers of studies for some of the interventions, and the young age (mean 44.4 years) and high level of disease severity (PASI 20.5 at baseline) may not be typical of people seen in daily clinical practice. More randomised trials directly comparing active agents are needed, and these should include systematic subgroup analyses (sex, age, ethnicity, comorbidities, psoriatic arthritis). To provide long-term information on

the safety of treatments included in this review, an evaluation of non-randomised studies is needed. Our confidence in the results for non-targeted systemic treatments is limited due to concerns regarding study conduct. Further research is warranted and may modify these findings. Editorial note: this is a living systematic review. Living systematic reviews offer a new approach to review updating, in which the review is continually updated, incorporating relevant new evidence as it becomes available. Please refer to the Cochrane Database of Systematic Reviews for the current status of this review.; Funding: This Cochrane review obtained funding from the French Society of Dermatology and the French Ministry of Health.; Registration: The previous version of this Living Systematic Review is available via DOI 10.1002/14651858.CD011535.pub6.

Access or request full text: https://libkey.io/10.1002/14651858.CD011535.pub7

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40767824&profid=ehost

33. Reducing ocular Demodex using petroleum jelly may alleviate dry eye syndrome, blepharitis, facial dermatoses, ocular and respiratory allergies, and decrease associated prescribing: a hypothesis

Item Type: Journal Article

Authors: Senior-Fletcher, D. E.

Publication Date: 2025

Journal: Frontiers in Allergy 6, pp. 1576102

Abstract: Demodex eyelash mites are increasingly associated with eye and skin inflammation in humans, and cause demodectic mange in mammals. Informal accounts of symptom improvement and reduced need for anti-allergy medicines, when Demodex reproduction is prevented, indicate a further role linking Demodex to rhinitis, asthma and dermatitis. Their mobility, allergenic debris and consequential immunological impact may also explain progression of allergies in the "allergic march" . Being photophobic and nocturnal, Demodex folliculorum shelter, feed, and sleep in eyelash follicles during daylight. Coston (1967) speculated that Demodex emerge to mate during darkness and observed that medicated ointments rubbed into the eyelid margins at bedtime treated Demodex blepharitis effectively, presumably by preventing mating. Sixteen cases are described retrospectively whereby interested volunteers adopted Coston's technique, using unmedicated petroleum jelly. To break the lifecycle, a minimum 28-day course was advised, though concordance varied. Fourteen people reported relief from a surprising range of symptoms including not only dry eye and blepharitis but also rhinitis, asthma, angioedema and seborrhoeic dermatitis. Analysis of GP prescribing data in three volunteers allowed comparison of five-year periods immediately before and after starting continuous treatment. Mean yearly issues of anti-allergy and antimicrobial medicines reduced from 15.6 (range 8-25) to 1.8 (range 0-4), representing an 88.5% decrease for Volunteer 1 and from 5.8 (range 3-9) and 14.2 issues (range 9-24) to zero for both Volunteer 2 and Volunteer 13 respectively, representing 100% reductions in prescribing. Exacerbations of acne and dermatitis in two cases illustrate possible Demodex involvement in common

dermatoses. This account is limited by its informal and retrospective nature in a disparate cohort, without assessment of Demodex levels. These preliminary observations support the hypothesis that Demodex allergens may trigger facial, ocular and respiratory inflammation and that reducing mite count with petroleum jelly improves symptoms. Formal clinical trials are needed to test this hypothesis. (© 2025 Senior-Fletcher.)

Access or request full text: https://libkey.io/10.3389/falgy.2025.1576102

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40909167&profid=ehost

34. High Systemic Disease Risk and Therapeutic Delays in Plaque Psoriasis: A Retrospective Analysis of Apremilast Use in the British Association of Dermatologists Biologic and Immunomodulators Register (BADBIR)

Item Type: Journal Article

Authors: Shams, Kave;Montgomery, Jennifer;Morley, Jason;Gerasimaviciute, Vaiva;Seesaghur, Anouchka;Neasham, David;Tran, Kathy V.;Cordey, Myriam and Taylor, Andrew

Publication Date: 2025

Journal: Dermatology and Therapy 15(4), pp. 903–918

Abstract Introduction: We describe comorbidities and cardiovascular diseases (CVD) risk in patients with psoriasis prescribed apremilast in UK clinical practice. Such real-world data are currently sparse.; **Methods:** This observational, retrospective analysis of British Association of Dermatologists Biologic and Immunomodulators Register (BADBIR) included adults with plaque psoriasis first prescribed apremilast between October 2015 and March 2021. We evaluated patient comorbidities, 10-year CVD risk (Framingham risk score), time from psoriasis diagnosis, prior therapy, psoriasis severity and patient-reported quality of life (QoL) at first apremilast prescription or registry enrolment. Patient characteristics were also assessed by CVD risk and Fitzpatrick skin type.; **Results:** Of 265 eligible patients, 47.5% were female; median (Q1, Q3) age at first apremilast prescription was 50 (38, 60) years. The most common comorbidities were hypertension (23.4%), depression (21.5%), psoriatic arthritis (18.1%) and diabetes (15.8%). Median (Q1, Q3) time from psoriasis diagnosis to first apremilast prescription was 19 (11, 30) years; median (Q1, Q3) number of prior psoriasis therapies was 1 (1, 2). Most patients had a Physician Global Assessment score ≥ 3 (moderate/moderate-to-severe/severe disease; 75.5%), psoriasis area severity index ≥ 10 (severe/extensive disease; 82.6%), nail or scalp involvement (52.8% and 75.5%, respectively), and reported moderate or extreme pain/discomfort (57.4%) and/or a Dermatology Life Quality Index (DLQI) > 10 (large/extremely large effect; 59.2%). Among 186 patients without CVD, 63.4% had an intermediate/high 10-year risk of CVD. Patients with darker skin (Fitzpatrick skin types IV-VI) reported worse QoL than those with lighter skin (Fitzpatrick skin types IV-VI, mean SD] DLQI, 15.7 7.9]; I-III, 13.9 7.8]).; **Conclusions:** Our data indicate that patients with plaque psoriasis prescribed apremilast in UK clinical practice have a high comorbidity burden and long-term, moderate-to-severe disease with special-site involvement, uncontrolled by systemic therapy, and which had a large detrimental impact on their QoL. These data highlight the need for timely treatment with appropriate

therapy following diagnosis. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s13555-025-01358-6

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40080321&profid=ehost

35. Cardiovascular and Kidney Outcomes After Systemic Treatment for Plaque Psoriasis: A Systematic Review and Network Meta-analysis

Item Type: Journal Article

Authors: Shi, Ao;Shu, Yuan;Haddad, Joe El;Wu, Shuqin;Smayra, Karen;Sudesh, Shivon Mirza;Mourad, Mohammed Majd;Farzad, Armin;Yap, Nathanael;Andrikopoulou, Efstathia;Liu, Qi;Li, Pengyang and Tu, Ying

Publication Date: 2025

Journal: Dermatology and Therapy 15(9), pp. 2455–2482

Abstract: **Introduction:** Systemic immunomodulatory treatments may affect cardiovascular and renal outcomes in patients with chronic plaque psoriasis. We conducted a network meta-analysis (NMA) to compare these outcomes of systemic treatments for plaque psoriasis.; **Methods:** Databases were searched from inception through June 1, 2023. We conducted duplicate study selection, data extraction, bias assessment risk, and NMA evidence certainty assessment and analyses. Outcomes included proportion of participants achieving Psoriasis Area and Severity Index (PASI) 75 and/or 90 and those with (1) total cardiovascular events, (2) major adverse cardiovascular events (MACE), (3) other cardiovascular events, and (4) total renal events.; **Results:** We included 68 randomized clinical trials (n = 34,414 patients). Compared with placebo, bimekizumab (odds ratio OR] 101.12, 95% confidence interval CI] 34.26-301.46, surface under the cumulative ranking curve SUCRA] 27, high certainty) was the top treatment demonstrating better PASI 75 and had reduced total cardiovascular events (OR 0.06, 95% CI 0-0.80, SUCRA 89, moderate certainty). Ixekizumab (OR 86.92, 95% CI 39.06-199.66, SUCRA 15, high certainty) showed better PASI 90 rates but was associated with increased MACE over placebo (OR 3.26, 95% CI 1.26-9.31, SUCRA 26, high certainty) and bimekizumab (OR 31.92, 95% CI 2.01, 1123.25), moderate certainty). Renal outcomes were similar among groups.; **Conclusion:** Bimekizumab showed better therapeutic efficacy scores and safety profile than other agents. Ixekizumab may increase cardiovascular risk and should be used with caution. Reliable long-term safety data of the treatments analyzed here require assessing non-randomized studies and examining postmarketing reports from regulatory agencies.; Trial Registration: PROSPERO (CRD42022381489). (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s13555-025-01472-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40618000&profid=ehost

36. Association between plasma odd-chain fatty acid levels and immune cell traits in psoriasis: insights from a prospective cohort study

Item Type: Journal Article

Authors: Shi, Rongcan;Xu, Yifei;Jiang, Xingyu;Yu, Bo;Ma, Rui;Wang, Xin and Shi, Yuling

Publication Date: 2025

Journal: Frontiers in Immunology 16, pp. 1500722

Abstract: **Background/objectives:** Psoriasis is a chronic, immune-mediated skin disease frequently linked to metabolic dysregulation. Odd-chain fatty acids (OCFAs), a group of bioactive lipids, have been implicated in inflammation and metabolic health; however, their role in psoriasis remains poorly defined. This study aimed to investigate the associations between plasma OCFA levels, white blood cell (WBC) traits, and psoriasis severity.; **Methods:** A total of 235 patients with moderate-to-severe plaque psoriasis were enrolled from the Shanghai Psoriasis Effectiveness Evaluation CoHort. Baseline plasma OCFA concentrations were measured using gas chromatography-mass spectrometry, and routine hematologic parameters were extracted from clinical records. Psoriasis severity was assessed using the Psoriasis Area and Severity Index, Body Surface Area, Dermatology Life Quality Index, and the Hospital Anxiety and Depression Scale for Anxiety and Depression. Therapeutic response was evaluated at weeks 12 and 28 based on clinical improvement. Multivariate linear and logistic regression analyses, stratified subgroup analyses, and restricted cubic spline models were employed.; **Results:** Higher plasma levels of C15:0 were significantly associated with increased total WBC and neutrophil counts. C17:0 levels were positively associated with WBC counts among females and older adults, and inversely associated with eosinophil counts in females and individuals with normal BMI. Additionally, C17:1n7 levels were positively associated with lymphocyte and monocyte counts. Total OCFA levels were also positively associated with overall WBC and neutrophil counts. These associations varied by sex, age, BMI, smoking and alcohol consumption history, and the presence of comorbidities such as psoriatic arthritis, hypertension, and type 2 diabetes. While no significant associations were observed between plasma OCFA levels and psoriasis severity or treatment response in the overall cohort, stratified analyses revealed potential relationships in specific subgroups.; **Conclusions:** Plasma OCFAs are differentially associated with circulating immune cell profiles in patients with psoriasis, suggesting a potential immunomodulatory role. Although OCFAs were not linked to overall disease severity or short-term treatment outcomes, subgroup-specific associations indicate their relevance in particular clinical phenotypes. These findings highlight the need for further longitudinal studies to clarify the role of OCFAs in immune regulation, disease progression, and comorbidity management in psoriasis. (Copyright © 2025 Shi, Xu, Jiang, Yu, Ma, Wang and Shi.)

Access or request full text: https://libkey.io/10.3389/fimmu.2025.1500722

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40356914&profid=ehost

37. Lebrikizumab vs Other Systemic Monotherapies for Moderate-to-Severe Atopic Dermatitis: Network Meta-analysis of Efficacy

Item Type: Journal Article

Authors: Silverberg, Jonathan I.;Bieber, Thomas;Paller, Amy S.;Beck, Lisa;Kamata, Masahiro;Puig, Luis;Wiseman, Marni;Ezzedine, Khaled;Irvine, Alan D.;Foley, Peter;Del Rosso, James;Gold, Linda Stein;Johansson, Erin;Dossenbach, Martin;Gallo, Gaia;Akmaz, Buelent;Casillas, Marta;Karlsson, Andrei;Curteis, Tristan and Chovatiya, Raj

Publication Date: 2025

Journal: Dermatology and Therapy 15(3), pp. 615–633

Abstract: **Introduction:** A systematic literature review and network meta-analysis (NMA) were conducted to compare the short-term efficacy of lebrikizumab to other biologic and Janus kinase (JAK) inhibitor monotherapies approved for moderate-to-severe atopic dermatitis in adults and adolescents.; **Methods:** The NMA included randomized, double-blind, placebo-controlled monotherapy phase 2 and 3 trials of biologics (lebrikizumab 250 mg every 2 weeks Q2W], dupilumab 300 mg Q2W, and tralokinumab 300 mg Q2W) and JAK inhibitors (abrocitinib 100/200 mg daily, baricitinib 2/4 mg daily, and upadacitinib 15/30 mg daily) at approved doses. Efficacy outcomes included the proportions of patients achieving Eczema Area and Severity Index (EASI) improvement, an Investigator Global Assessment of 0 or 1 (IGA 0/1), and a ≥ 4-point improvement in pruritus/itch numeric rating scale score at 12 weeks (abrocitinib) or 16 weeks (other treatments). Itch was also assessed at week 4. A Bayesian NMA employing baseline risk-adjusted random effects models was used to estimate treatment differences.; **Results:** Twenty-two monotherapy studies involving 8531 patients were included in the NMA. By week 12/16, lebrikizumab had superior odds of achieving IGA 0/1 and itch improvement compared to baricitinib and tralokinumab; similar odds to dupilumab, abrocitinib, and upadacitinib 15 mg; and inferior odds to upadacitinib 30 mg. Additionally, lebrikizumab had a higher probability of improving EASI than baricitinib 2 mg; similar probability to baricitinib 4 mg, tralokinumab, dupilumab, abrocitinib, and upadacitinib 15 mg; and lower probability than upadacitinib 30 mg daily. At week 4, lebrikizumab had superior odds of improving itch compared to tralokinumab; similar odds to baricitinib, dupilumab, and abrocitinib 100 mg; and inferior odds to abrocitinib 200 mg and upadacitinib.; **Conclusion:** Among biologics, lebrikizumab was comparable to dupilumab and superior to tralokinumab in improving response rates at week 16. Upadacitinib 30 mg was the only JAK inhibitor with superior response rates compared to lebrikizumab. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s13555-025-01357-7

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39953372&profid=ehost

38. Emollients to Prevent Pediatric Eczema: A Randomized Clinical Trial

Item Type: Journal Article

Authors: Simpson, Eric L.;Michaels, LeAnn C.;Ramsey, Katrina;Fagnan, Lyle J.;Nease, Donald E.;Henningfield,

Mary;Dolor, Rowena J.;Lapidus, Jodi;Martinez-Ziegenfuss, Xaviera;Vu, Annette;Ferrara, Laura;Zuckerman, Katharine E.;Morris, Cynthia D. and Williams, Hywel C.

Publication Date: 2025

Journal: JAMA Dermatology

Abstract: Importance: Atopic dermatitis (AD) imposes a global health burden for children and is a risk factor for developing food allergy and asthma. Few studies have evaluated emollient intervention for primary AD prevention in infants not selected for risk.; **Objective:** To determine whether emollient intervention in infants not selected for risk reduces AD incidence by age 24 months.; **Design, Setting, and Participants:** A randomized, decentralized pragmatic clinical trial was conducted that involving 1247 infant-parent dyads recruited from 25 community-based pediatric and family medicine clinics that are members of 4 statewide practice-based research networks. Participants were recruited from July 2018 to February 2021, with follow-up completed through February 2023.; Intervention: Dyads were randomized to 1 of 2 groups: a daily full-body emollient application daily moisturizer group starting by age 9 weeks or a control group that refrained from emollient use.; **Main Outcomes and Measures**: The primary outcome was physician-diagnosed AD recorded in the patient's medical record by age 24 months. Participants completed quarterly electronic surveys to report adverse events and alert the team if an AD diagnosis had been made. Trained research coordinators abstracted participants' medical records.; **Results:** Of 1247 infants, 553 (44.3%) were female, and the mean (SD) age at randomization was 23.9 (16.3) days. At 24 months, the cumulative incidence of AD was 36.1% (SE, 2.1) in the daily moisturizer group and 43.0% (SE 2.1) in the control group, with a relative risk (RR) of 0.84 (95% CI, 0.73-0.97; P = .02), and the magnitude of effect was larger in the population not at high risk of AD (RR, 0.75; 95% CI, 0.60-0.90; P = .01). The protective effect was significantly modified by the presence of a dog in the home (RR, 0.68; 95% CI, 0.50-0.90; P = .01). There were no between-group differences in cutaneous adverse events.; **Conclusions and Relevance:** This randomized clinical trial found that daily emollient application beginning before age 9 weeks in a representative US population not selected for risk reduced the cumulative incidence of AD at age 24 months. Implementing this approach to pediatric skin care may be a feasible way to reduce the burden of AD in US communities.; Trial Registration: ClinicalTrials.gov Identifier: NCT03409367.

Access or request full text: https://libkey.io/10.1001/jamadermatol.2025.2357

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40699587&profid=ehost

39. Do Allergic Comorbidities Alter the Efficacy and Safety of Abrocitinib or Dupilumab in Patients with Moderate-to-Severe Atopic Dermatitis?

Item Type: Journal Article

Authors: Simpson, Eric L.;Silverberg, Jonathan I.;Geng, Bob;Carrascosa, José-Manuel;Bieber, Thomas;Brunner, Patrick M.;Staumont-Sallé, Delphine;Ji, Chao;Biswas, Pinaki;Feeney, Claire;Hernández-Martín, Irene;Rebollo Laserna, Francisco José and Koppensteiner, Herwig

Publication Date: 2025

Journal: Dermatology and Therapy

Abstract: **Introduction:** Allergic comorbidities are common in patients with atopic dermatitis (AD). Individual trials with abrocitinib or dupilumab demonstrated efficacy and safety in patients with moderate-to-severe AD and allergic comorbidities. This post hoc analysis of the phase 3 JADE COMPARE and DARE trials compared efficacy, safety, and quality of life following abrocitinib and dupilumab treatment in adults with moderate-to-severe AD, with or without comorbid asthma, allergic rhinitis, or food allergy.; **Methods:** Data were pooled from patients who received abrocitinib (200 mg/day) or dupilumab (300 mg/every 2 weeks) for 16 weeks with concomitant topical therapy. Assessments by self-reported asthma, allergic rhinitis, or food allergy included the proportion of patients achieving Investigator's Global Assessment of clear or almost clear (IGA 0/1), ≥ 75% improvement in Eczema Area and Severity Index (EASI-75), ≥ 4-point improvement in Peak Pruritus Numerical Rating Scale (PP-NRS4), least squares mean change from baseline in Dermatology Life Quality Index (DLQI) and SCORing Atopic Dermatitis (SCORAD), and safety.; **Results:** Of 1195 patients (abrocitinib, n = 588; dupilumab, n = 607), 377 (32%), 225 (19%), and 211 (18%) patients self-reported comorbid asthma, food allergy, or allergic rhinitis, respectively. Week 16 IGA 0/1 responses were comparable between patients with/without comorbidity with abrocitinib (52%/54% with/without asthma], 50%/54% with/without allergic rhinitis], and 53%/53% with/without food allergy]) or dupilumab (42%/42%, 37%/43%, and 47%/41%). EASI-75 and PP-NRS4 responses and DLQI and SCORAD improvements were also comparable between patients with/without comorbidity in each treatment arm. Treatment-emergent adverse events were more common in patients with comorbidities in the abrocitinib (76%/67% with/without asthma], 80%/67% with/without allergic rhinitis], and 78%/67% with/without food allergy]) and dupilumab (71%/53%, 71%/57%, and 62%/59%) arms.; **Conclusion:** Abrocitinib and dupilumab improved AD signs and symptoms with a manageable safety profile in patients with moderate-to-severe AD, regardless of asthma, allergic rhinitis, or food allergy. Graphical Abstract available for this article.; Trial Registration: ClinicalTrials.gov identifier, NCT03720470 (JADE COMPARE) and NCT04345367 (DARE). (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1007/s13555-025-01516-w

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40987931&profid=ehost

40. Counselling Needs in Atopic Dermatitis: Perspectives on Pregnancy and Treatment

Item Type: Journal Article

Authors: Skovsgård, Catalina,H.;Frølunde, Anne Sofie;Deleuran, Mette;Thyssen, Jacob P.;Thomsen, Simon F. and Vestergaard, Christian

Publication Date: 2025

Journal: Acta Dermato-Venereologica 105, pp. adv42544

Abstract: Atopic dermatitis (AD) is a common inflammatory skin disease affecting 5-8% of adults, with many being of reproductive age and potentially experiencing AD- and treatment-related challenges during family

planning and pregnancy (FPP). This study examined whether patients with AD receive FPP-related information from their dermatologist and their concerns about pregnancy and breastfeeding. A cross-sectional questionnaire study was conducted among 18-45-year-old patients with AD treated at dermatology departments in university hospitals or private dermatology clinics in Denmark, all undergoing either topical or systemic treatment. A total of 121 patients participated in the study. The most pronounced concern was the heritable nature of AD (88.4%), followed by concerns about the teratogenicity of their treatments (29.8%). Additionally, 37.1% of women expressed concern about their ability to breastfeed. One-third of patients with AD had discussed FPP with their dermatologists prior to pregnancy, and 15% reported having fewer biological children than they desired due to their disease. Adult patients with AD have significant unmet informational needs regarding FPP. Addressing these concerns at appropriate stages in their lives, potentially through structured communication, could provide patients with better opportunities to address their concerns and plan their family life based on comprehensive and accurate information.

Access or request full text: https://libkey.io/10.2340/actadv.v105.42544

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40052706&profid=ehost

41. Psoriasis Treatments: Emerging Roles and Future Prospects of MicroRNAs

Item Type: Journal Article

Authors: Teo, Li Tian Keane;Juantuah-Kusi, Nerissa;Subramanian, Gowtham and Sampath, Prabha

Publication Date: 2025

Journal: Non-Coding RNA 11(1)
Abstract: Psoriasis, a widespread and chronic inflammatory skin disorder, is marked by its persistence and the lack of a definitive cure. The pathogenesis of psoriasis is increasingly understood, with ongoing research highlighting the intricate interplay of genetic, immunological, and environmental factors. Recent advancements have illuminated the pivotal role of microRNAs in orchestrating complex processes in psoriasis and other hyperproliferative skin diseases. This narrative review highlights the emerging significance of miRNAs as key regulators in psoriasis pathogenesis and examines their potential as therapeutic targets. We discuss current treatment approaches and the promising future of miRNAs as next-generation therapeutic agents for this condition.

Access or request full text: https://libkey.io/10.3390/ncrna11010016

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=39997616&profid=ehost

42. Comprehensive Literature Review Evaluating the Use, Safety, and Efficacy of Subcutaneous Methotrexate in the Treatment of Adult Patients With Moderate-To-Severe

Plaque-Type Psoriasis

Item Type: Journal Article

Authors: Viguier, Manuelle;Carrascosa-Carrillo, Jos;Rakvit, Pariyawan;Constantin, Maria-Magdalena;Varlet, Alice-Anaïs;Le Clanche, Solenn;Verhagen, Linda A. W. and Boehncke, Wolf-Henning

Publication Date: 2025

Journal: International Journal of Dermatology 64(9), pp. 1558–1567

Abstract: Methotrexate (MTX) is a conventional systemic therapy widely used to treat chronic plaque-type psoriasis, a chronic inflammatory skin disease that significantly impacts patients' quality of life. MTX can be administered orally or subcutaneously. Over the past decades, the use of subcutaneous versus oral MTX has been a subject of ongoing debate among dermatologists. Therefore, this literature review aimed to investigate the differences between oral and subcutaneous MTX described in the scientific literature in terms of intestinal absorption and bioavailability, efficacy, safety, patient satisfaction and quality of life, treatment adherence, and economic outlook. Thirty-two articles were included in the review, notably including evidence-based guidelines on the management of psoriasis, as well as randomized clinical trials and real-world studies. Only European guidelines recommend the use of subcutaneous MTX over oral MTX; hence, the use of subcutaneous MTX is reported almost exclusively in European countries. Despite the paucity and heterogeneity of the literature, findings from the review suggest that subcutaneous MTX may overcome some limitations of the oral route in terms of intestinal absorption, bioavailability, and safety. Moreover, subcutaneous MTX may provide higher efficacy with a faster, or even greater, response in psoriatic patients and better adherence to treatment. In conclusion, subcutaneous MTX tends to be advantageous with regard to psoriasis management, similar to other chronic inflammatory diseases like rheumatoid arthritis; however, this comes with a higher cost. The treatment of psoriasis using subcutaneous MTX deserves further study, especially in the biologics age. (© 2025 The Author(s). International Journal of Dermatology published by Wiley Periodicals LLC on behalf of the International Society of Dermatology.)

Access or request full text: https://libkey.io/10.1111/ijd.17758

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40167349&profid=ehost

43. European Guideline (EuroGuiDerm) on atopic eczema: Living update

Item Type: Journal Article

Authors: Wollenberg, A.;Kinberger, M.;Arents, B.;Aszodi, N.;Barbarot, S.;Bieber, T.;Brough, H. A.;Calzavara-Pinton, P.;Christen-Zaech, S.;Deleuran, M.;Dittmann, M.;Fosse, N.;Gáspár, K.;Gerbens, L. A. A.;Gieler, U.;Girolomoni, G.;Gregoriou, S.;Holland, S.;Mortz, C. G.;Nast, A., et al

Publication Date: 2025

Journal: Journal of the European Academy of Dermatology and Venereology : JEADV 39(9), pp. 1537–1566

Abstract: The evidence- and consensus-based living guideline on atopic eczema was developed in accordance with the EuroGuiDerm Guideline and Consensus Statement Development Manual. The original EuroGuiDerm Guideline on atopic eczema was published in June 2022. Since then, the part of the guideline dealing with systemic therapy has been updated twice. This paper summarizes the results of the second update. Twenty-eight experts (including clinicians and patient representatives) from 12 European countries participated. The updated guideline provides guidance on which patients should be treated with systemic therapies, as well as recommendations and detailed information on each systemic drug. The systemic treatment options discussed in the guideline comprise conventional immunosuppressive drugs (azathioprine, ciclosporin, glucocorticosteroids, methotrexate and mycophenolate mofetil), biologics (dupilumab, lebrikizumab, nemolizumab and tralokinumab) and Janus kinase (JAK) inhibitors (abrocitinib, baricitinib and upadacitinib). Additionally, the updated guidelines address considerations for paediatric, adolescent, pregnant and breastfeeding patients. For all other aspects, please refer to the 2022 version. (© 2025 The Author(s). Journal of the European Academy of Dermatology and Venereology published by John Wiley & Sons Ltd on behalf of European Academy of Dermatology and Venereology.)

Access or request full text: https://libkey.io/10.1111/jdv.20639

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40317496&profid=ehost

44. Research trends and hot spots in the prevention and management of radiation dermatitis: a bibliometric analysis based on CiteSpace

Item Type: Journal Article

Authors: Zhang, L.;Liu, L.;Li, F.;Chen, P. and Ye, F.

Publication Date: 2025

Journal: Radiation Oncology (London, England) 20(1), pp. 55

Abstract: **Objective:** This study sought to examine the current state and explore the key areas and emerging trends in radiation dermatitis prevention and management through bibliometric analysis, with the goal of providing valuable insights for future research endeavors.; **Methods**: This study analyzed all publications on radiation dermatitis prevention and management from the Web of Science (WOS) core database up to 2024. The CiteSpace software was utilized to visualize authors, countries/regions, publishing institutions, keywords, co-cited documents, hot spots, and research frontiers.; **Results:** A total of 459 articles (1995-2024) were identified, with the overall number of publications demonstrating an increasing trend. The United States (125) produced the highest number of publications, followed by China (73) and Canada (45). Key research topics encompass breast cancer, head and neck cancer, acute radiation dermatitis, and radiation recall dermatitis. Double-blind clinical trials constitute the primary research methodology. The main research areas in this field

focus on the role of radiotherapy dose fractionation modalities, atmospheric pressure cold plasma, hyperbaric oxygen therapy (HBOT), aloe vera, biomodulation therapy, and biological dressings in the prevention and management of radiation dermatitis.; **Conclusion:** This comprehensive bibliometric analysis reveals that risk prediction, assessment tools, and the efficacy of radiodermatitis are prominent research topics in the field. These areas are currently experiencing rapid growth and warrant further attention from researchers. (© 2025. The Author(s).)

Access or request full text: https://libkey.io/10.1186/s13014-025-02628-5

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mdc&AN=40241141&profid=ehost

45. Happiness across the borders-A cross-sectional study among patients with psoriasis and atopic dermatitis in Europe

Item Type: Journal Article

Authors: Ziehfreund, S.;Wecker, H.;Mittag, S.;Weis, J.;Tizek, L.;Verkhoturova, V.;Legat, F. J.;Weger, W.;Großschädl, K.;Cerpes, U.;Sadoghi, B.;Riegler, M.;Balato, A.;Di Brizzi, E. V.;Buononato, D.;Babino, G.;Calzavara-Pinton, P.;Rossi, M. T.;Rovaris, S.;Dimech, A., et al

Publication Date: 2025

Journal: Journal of the European Academy of Dermatology and Venereology : JEADV 39(3), pp. 529–542

Abstract: Background: Dermatological research has traditionally concentrated on evaluating mental comorbidities, neglecting positive concepts like happiness. Initial studies indicate that psoriasis and atopic dermatitis (AD) impair the happiness of those affected. Considering global happiness variations, this study aimed to explore the disease- and country-specific differences in disease-related quality of life and happiness, and potential influential factors on heuristic happiness among psoriasis and AD patients in Europe.; **Methods:** A cross-sectional multicentre study was conducted in dermatology departments of university-affiliated hospitals in eight European countries (Austria, Germany, Italy, Malta, Poland, Portugal, Romania and Ukraine) between October 2021 and February 2023. Adult psoriasis and AD patients completed a standardized questionnaire in their native languages, providing data on demographics, disease-related characteristics, disease-related quality of life (Dermatology Life Quality Index, DLQI), heuristic happiness, positive affect (PA), negative affect (NA) and satisfaction with life (SWL). Descriptive analysis and quantile regression were performed.; **Results:** Between psoriasis (n = 723) and AD (n = 316) patients almost no differences were observed in happiness, SWL and NA, except for DLQI and small differences in PA, with AD patients reporting greater impact than psoriasis patients. Country-wise variation emerged in DLQI, heuristic happiness, PA, NA and SWL with Austrian patients displaying the highest levels of happiness, satisfaction and positivity, coupled with higher treatment care and lower disease severity. Quantile regression revealed varying coefficients for predictor variables across quantiles, indicating, for example positive effects on heuristic happiness associated with current or previous receipt of systemic therapies at different quantiles.; **Conclusions:** This study shows notable happiness differences across European countries and significant disease-related variations,

particularly with AD patients being more impaired than psoriasis patients. The findings highlight the need for equality in treatment access and support the development of targeted positive psychological interventions to enhance happiness considering country-specific distinctions in future research and health policies for psoriasis and AD patients. (© 2024 The Author(s). Journal of the European Academy of Dermatology and Venereology published by John Wiley & Sons Ltd on behalf of European Academy of Dermatology and Venereology.)