

# Strategies effective on treatment on managing atopic dermatitis.

Mary Jennifer\*

Department of Dermatology, University of Sydney, Sydney, Australia

## Introduction

Atopic dermatitis, commonly known as eczema, is a chronic skin condition that affects millions of people worldwide. It is characterized by red, itchy, and inflamed skin, which can be not only physically uncomfortable but emotionally distressing as well. While there is no known cure for atopic dermatitis, there are various treatment options available to manage its symptoms effectively and improve the quality of life for those who suffer from it. In this article, we will delve into the treatment of atopic dermatitis, exploring both conventional and alternative approaches, lifestyle changes, and emerging therapies. By understanding these options, individuals can work with their healthcare providers to develop a personalized treatment plan that suits their needs [1].

## Topical steroids

Topical corticosteroids are often the first line of defense against atopic dermatitis. They work by reducing inflammation and itching. These medications are classified into various strengths, from mild to potent, and should be used under the guidance of a healthcare provider. Prolonged or inappropriate use of potent steroids can lead to side effects like skin thinning and discoloration.

## Topical calcineurin inhibitors

Another class of topical medications includes calcineurin inhibitors like tacrolimus and pimecrolimus. These are particularly useful for sensitive areas such as the face and neck, where the skin is thinner and more prone to side effects associated with topical steroids. These inhibitors work by reducing inflammation and can be used for both short-term and long-term management [2].

## Emollients and moisturizers

Proper skin hydration is crucial in managing atopic dermatitis. Emollients and moisturizers help repair the skin barrier, reduce dryness, and prevent flare-ups. Look for products that are fragrance-free, hypoallergenic, and suitable for sensitive skin. Apply them liberally after bathing to lock in moisture.

## Antihistamines

Antihistamines, such as cetirizine and diphenhydramine, can help relieve itching associated with atopic dermatitis. They are available in both over-the-counter and prescription forms. While they can provide relief, they do not address the underlying cause of the condition [3].

## Systemic medications

In severe cases where topical treatments and antihistamines are insufficient, systemic medications may be prescribed. These can include oral corticosteroids, cyclosporine, or methotrexate. However, these options are typically reserved for short-term use due to potential side effects and risks associated with long-term usage.

## Phototherapy

Phototherapy involves exposing the skin to ultraviolet (UV) light under controlled conditions. This treatment can help reduce inflammation and itching in some individuals with atopic dermatitis. Phototherapy is usually administered under medical supervision, and its effectiveness varies from person to person [4].

## Alternative treatment approaches

In addition to conventional treatments, some individuals explore alternative therapies to manage atopic dermatitis. While these approaches may not have as much scientific backing as conventional treatments, they can still be beneficial for some people. Always consult with a healthcare provider before trying any alternative treatments.

## Natural remedies

Natural remedies like coconut oil, oatmeal baths, and aloe vera may provide relief from itching and inflammation. These options are generally safe to use alongside conventional treatments and can be incorporated into a skincare routine [5].

## Probiotics

Some studies suggest that probiotics, which promote a healthy gut microbiome, may help reduce the severity of atopic dermatitis. Probiotic supplements or probiotic-rich foods like yogurt can be considered as part of a holistic approach to managing the condition.

## Herbal supplements

Certain herbal supplements, such as evening primrose oil and chamomile, are believed to have anti-inflammatory properties that may benefit those with atopic dermatitis. However, their efficacy varies, and it's essential to consult with a healthcare provider before adding any supplements to your regimen [6].

---

\*Correspondence to: Mary Jennifer, Department of Dermatology, University of Sydney, Sydney, Australia. E-mail: mary\_jennifer@hotmail.com

Received: 25-Nov-2023, Manuscript No. AADRSC-23-116013; Editor assigned: 27-Nov-2023, PreQC No. AADRSC-23-116013(PQ); Reviewed: 11-Dec-2023, QC No. AADRSC-23-116013; Revised: 16-Dec-2023, Manuscript No. AADRSC-23-116013(R); Published: 23-Dec-2023, DOI:10.35841/aadrsc-7.6.178

---

Citation: Jennifer M. Strategies effective on treatment on managing atopic dermatitis. *Dermatol Res Skin Care*. 2023; 7(6):178

## ***Acupuncture and traditional chinese medicine***

Acupuncture and Traditional Chinese Medicine (TCM) may offer relief from atopic dermatitis symptoms for some individuals. TCM practitioners use a holistic approach to address imbalances in the body that may contribute to skin issues.

## ***Lifestyle changes and self-care***

In addition to medical treatments and alternative therapies, making lifestyle changes and practicing self-care can significantly impact the management of atopic dermatitis.

**Avoid triggers:** Identifying and avoiding triggers that exacerbate your eczema is essential. Common triggers include certain foods, allergens, harsh soaps, and environmental factors like extreme temperatures. Keeping a diary can help you track flare-ups and identify potential triggers [7].

## ***Gentle skincare routine***

Adopt a gentle skincare routine that minimizes irritation. Use mild, fragrance-free soaps and detergents. Avoid hot showers and opt for lukewarm water instead. Pat your skin dry rather than rubbing it.

## ***Moisturize regularly***

Moisturizing is crucial for maintaining healthy skin. Apply a moisturizer immediately after bathing to lock in moisture. Consider using emollients or products specifically formulated for sensitive skin. Wearing loose-fitting, breathable clothing made from natural fabrics like cotton can reduce friction and irritation on the skin. Avoid wearing wool or synthetic materials, which can exacerbate symptoms [8].

**Emerging therapies:** Medical research is continuously evolving, and new treatments for atopic dermatitis are under development. Some emerging therapies show promise in providing additional options for those with severe or treatment-resistant eczema.

**Dupilumab:** Dupilumab is a monoclonal antibody that targets specific immune system proteins involved in the inflammation associated with atopic dermatitis. It has been approved for moderate to severe eczema and has shown significant efficacy in clinical trials [9].

**JAK Inhibitors:** Janus kinase (JAK) inhibitors are oral medications that block certain immune signals responsible for inflammation. Some JAK inhibitors are being investigated for their potential to treat atopic dermatitis.

**Crisaborole:** Crisaborole is a non-steroidal topical medication that has been approved for the treatment of mild to moderate atopic dermatitis. It works by reducing inflammation and may be an alternative to topical steroids.

**Biologics:** Biologic medications are under investigation for their potential use in atopic dermatitis. These drugs target specific molecules involved in the immune response, offering a targeted approach to treatment [10].

## **Conclusion**

Managing atopic dermatitis can be a challenging journey, but with the right combination of treatments and lifestyle adjustments, individuals can find relief from its symptoms. Conventional treatments like topical steroids and emollients, as well as alternative therapies such as natural remedies and acupuncture, can be part of a comprehensive approach to managing the condition. In recent years, emerging therapies like dupilumab and JAK inhibitors have offered hope for individuals with severe atopic dermatitis. However, it's essential to work closely with a healthcare provider to determine the most appropriate treatment plan for your specific case, as atopic dermatitis varies greatly among individuals. Remember that atopic dermatitis is a chronic condition, and there is no one-size-fits-all solution. Consistent self-care, a focus on triggers, and staying informed about the latest treatment options are key elements in successfully managing this condition and improving the overall quality of life for those affected by it.

## **References**

1. Magin P. Appearance-related bullying and skin disorders. *Clin Dermatol.* 2013;31(1):66-71.
2. Chernyshov PV. Gender differences in health-related and family quality of life in young children with atopic dermatitis. *Int J Dermatol.* 2012;51(3):290-4.
3. Chernyshov PV. Stigmatization and self-perception in children with atopic dermatitis. *Clin Cosmet Investig Dermatol.* 2016:159-66.
4. Moore K, David TJ, Murray CS, et al. Effect of childhood eczema and asthma on parental sleep and well-being: A prospective comparative study. *Br J Dermatol.* 2006;154(3):514-8.
5. Hon KL, Pong NH, Poon TC, et al. Quality of life and psychosocial issues are important outcome measures in eczema treatment. *J Dermatolog Treat.* 2015;26(1):83-9.
6. Adachi J, Endo K, Fukuzumi T, et al. Increasing incidence of streptococcal impetigo in atopic dermatitis. *J Dermatol Sci.* 1998;17(1):45-53.
7. Darabi K, Hostetler SG, Bechtel MA, et al. The role of *Malassezia* in atopic dermatitis affecting the head and neck of adults. *J Am Acad Dermatol.* 2009 J;60(1):125-36.
8. De Benedetto A, Kubo A, Beck LA. Skin barrier disruption: a requirement for allergen sensitization? *J Invest Dermatol.* 2012;132(3):949-63.
9. Lodén M. Effect of moisturizers on epidermal barrier function. *Clin Dermatol.* 2012;30(3):286-96.
10. Peroni DG, Piacentini GL, Bodini A, et al. Prevalence and risk factors for atopic dermatitis in preschool children. *Br J Dermatol.* 2008;158(3):539-43.

**Citation:** Jennifer M. *Strategies effective on treatment on managing atopic dermatitis. Dermatol Res Skin Care.* 2023; 7(6):178