

# A misunderstood skin disease: mapping the policy response to atopic dermatitis



Atopic dermatitis (AD) is a common, chronic non-communicable inflammatory skin disease resulting in dry, discoloured and itchy skin. More recognition is needed from the healthcare sector on the wider psychological and social impact of the disease on patients, their families and caregivers.

**AD can negatively impact a patient's quality of life. The disease, which has been associated with depression<sup>1,2</sup> and anxiety,<sup>1,2</sup> can also affect school and work life.<sup>3,4</sup>**

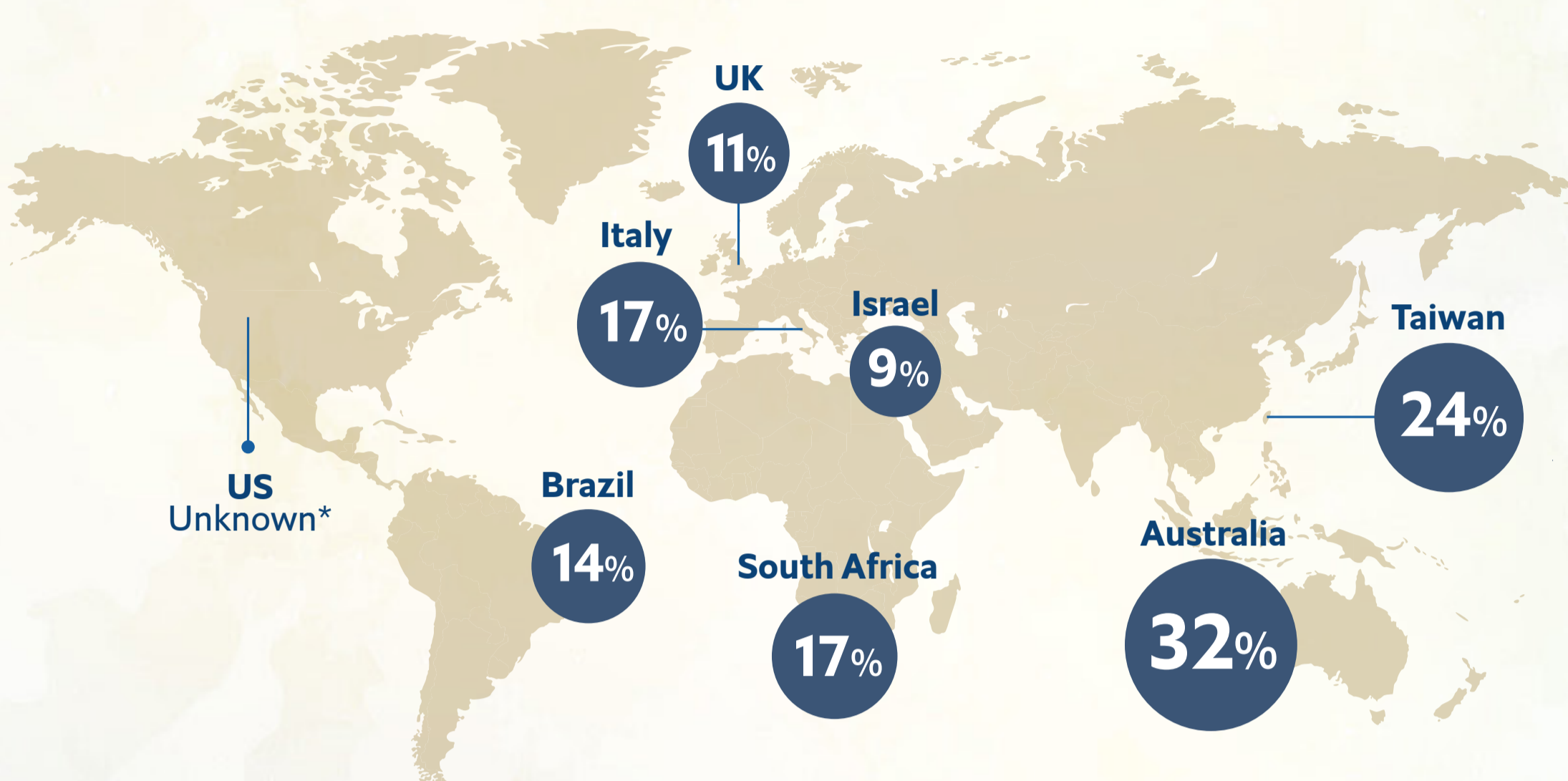
**70%** of UK patients with severe AD reported feeling depressed as a result of their condition.<sup>5</sup>

Health systems will be challenged to provide better care for these patients.

The Economist Intelligence Unit has developed the Atopic Dermatitis Scorecard (ADS),<sup>6</sup> which assesses AD policy across eight countries (Australia, Brazil, Israel, Italy, South Africa, Taiwan, the UK and the US). The aim of the ADS is to allow cross-country comparison and spark discussion on how the quality of AD services can be improved.

## Prevalence: getting the right numbers

Globally, the number of people with AD is rising, but it is difficult to estimate due to gaps in the data, and this challenges healthcare systems.<sup>6</sup>



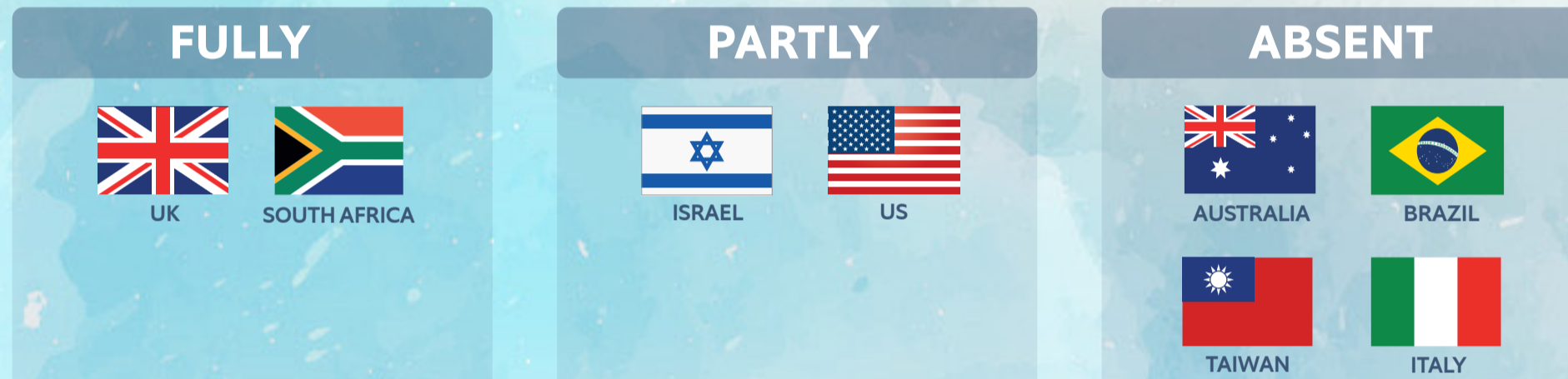
Lifetime prevalence: % of people within the population who will have AD at some point in their life.<sup>6</sup>

\*The EIU found many studies looking at US 1-year prevalence or prevalence with a sample, but these did not meet the EIU criteria of lifetime prevalence.

## Support for patients and caregivers

AD can have wide psychological impacts on patients and their families and caregivers.

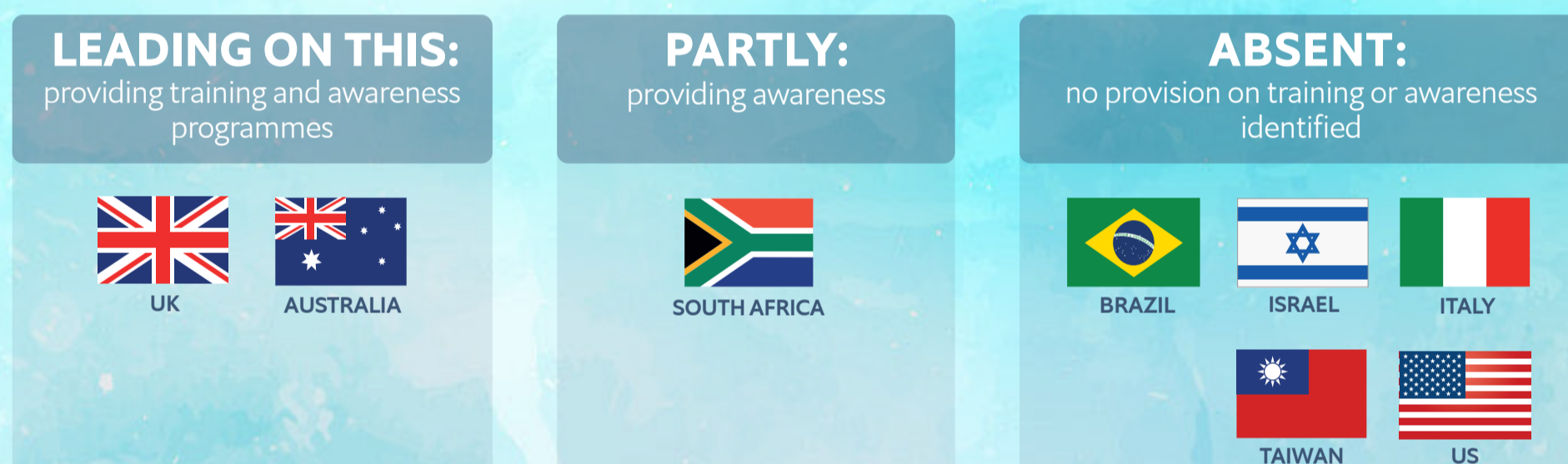
**Out of the eight countries, which have guidelines that assess the impact of AD on families and caregivers?**



The families of children with severe AD have a **6.6 times** higher probability of seeing a low family quality of life than families with less severe forms.<sup>7</sup>

## Primary care

**There is variation across countries on the availability of primary care training and awareness programmes on AD**

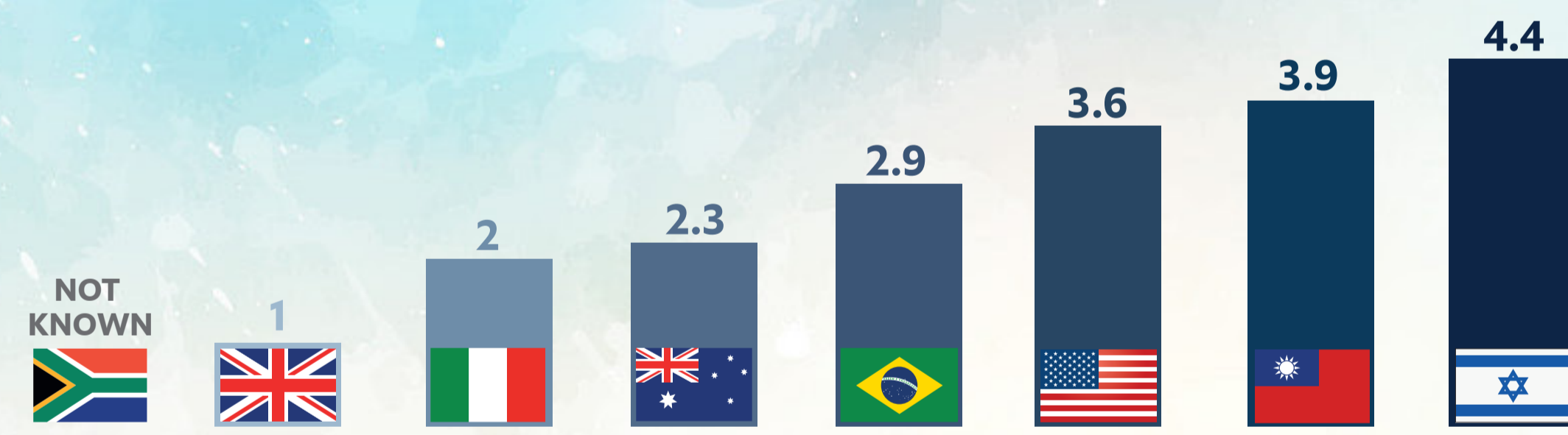


Due to the limited amount of dermatology training in primary care, management at this level is often suboptimal.<sup>6</sup>

## Dermatologists: there is wide variation

Dermatologists are often a necessary part of managing severe AD. Workforce numbers are critical, but our research<sup>6</sup> finds that some countries have too few dermatologists and other AD specialists.

**Number of dermatologists per 100,000 population**



## Multidisciplinary care

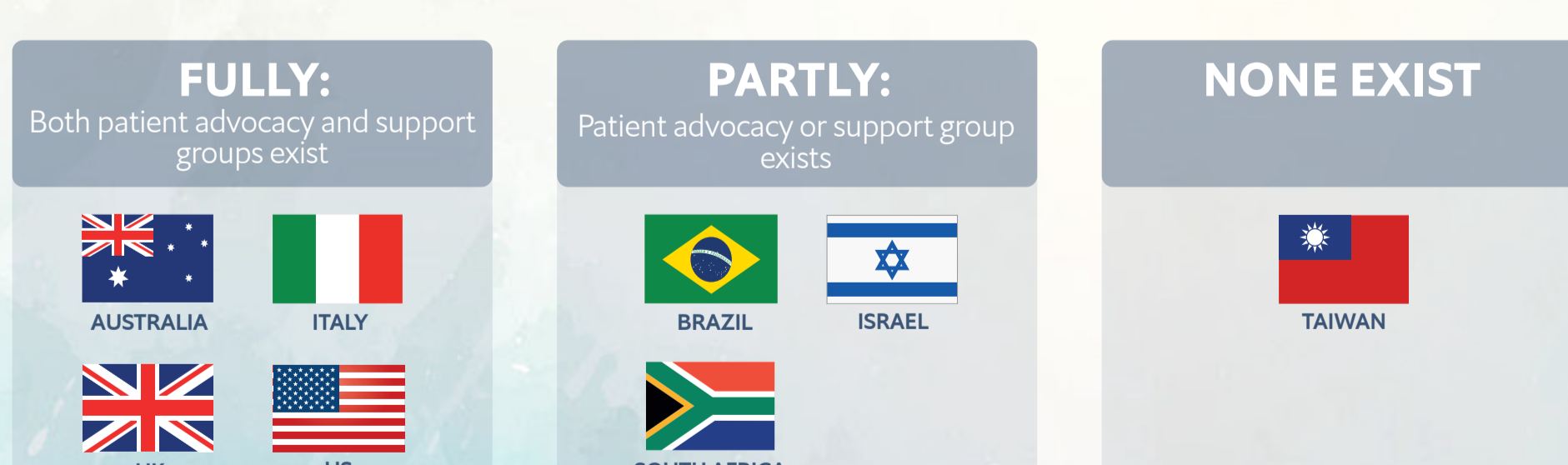
AD patients could benefit from a multidisciplinary (MD) care approach, where patients and caregivers have access to a mixed team of professionals, including a dermatologist, general practitioner, paediatrician, respiratory specialist, allergologist, nurse, psychologist, nutritionist and/or a social worker.

**Which countries recommend this approach?**



## Patient advocacy and support groups play an important role in filling the gaps that exist within healthcare systems

These groups offer valuable support and education to AD patients in understanding their condition, but not all countries have them.



## Future moves: bringing the community together around AD could help put the disease on the health agenda



All AD stakeholders, including national and international policymakers, healthcare professionals, patient advocacy and support groups, caregivers, and the private sector, should work together towards a united strategy and messaging around AD.

This could be supported by alliances with groups working on other chronic skin diseases.

Sources:  
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 4. Nørreslet LB et al. The impact of atopic dermatitis on work life - a systematic review. *Journal of the European Academy of Dermatology and Venerology.* 2018;32(1):23-38.  
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