



Narrative Review

The Three Most Important Things to Tell the Parents of a Child with Atopic Dermatitis

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ABSTRACT

Atopic dermatitis is a highly frequent disease in the pediatric population, with an estimated prevalence of approximately 20%. Parents are often confused and they may compulsively consult nutritionists, pharmacists, immunologists, or homeopaths in search of new treatments. Given the fundamental importance of therapeutic education in achieving effective clinical outcomes, this paper outlines the essential information that should be communicated to parents regarding the diagnosis, treatment, and follow-up of the disease.

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Introduction

Atopic dermatitis (AD) is a chronic inflammatory skin disease that usually appears in childhood. Its prevalence varies with age, with averages around 20%, but peaks can reach up to 30% during the first year of life (1).

Most cases encountered by a pediatrician are mild forms, but in moderate-to-severe cases, atopic dermatitis is classified as the inflammatory skin disease with the highest disability-adjusted life year (DALY) - the number of years lost due to disease-related disability (2). This is also because it's now well-established that the disease has flare-ups even after puberty, extending into adulthood and old age (3).

In recent decades, we've seen a clear increase in the prevalence of atopic dermatitis, likely due to several factors, including environmental pollution. There is significant evidence that PM2.5 particulate matter can alter the skin barrier - one of the key pathogenic factors of AD (4). It's also known that most dermatological consultations for AD involve patients living in areas with high concentrations of volatile organic compounds (e.g., 1,3,5-trimethylbenzene, methylcyclohexane) (5).

The clear upward trend in atopic dermatitis cases in

developed countries has spurred economic interest in researching new treatments for this chronic, relapsing condition.

Thanks to "translational medicine", new drugs targeting the pathogenesis of AD have been developed, achieving excellent results in moderate-to-severe cases that do not respond to topical therapies and were previously treated with immunosuppressants (6).

At the same time, the prospect of economic gain has fueled the proliferation of countless so-called "miraculous" alternative therapies, which have found powerful resonance on the web.

Parents are often confused and, faced with flare-ups, they may compulsively consult nutritionists, pharmacists, immunologists, or homeopaths in search of new treatments they've heard about - or worse, fall into the trap of online "miracle cures," spending significant amounts of money to no avail (7).

All of this could be avoided by establishing a virtuous circuit in which the pediatrician serves as a central point of reference, working closely with pediatric dermatologists and pediatric allergists (Fig.1).

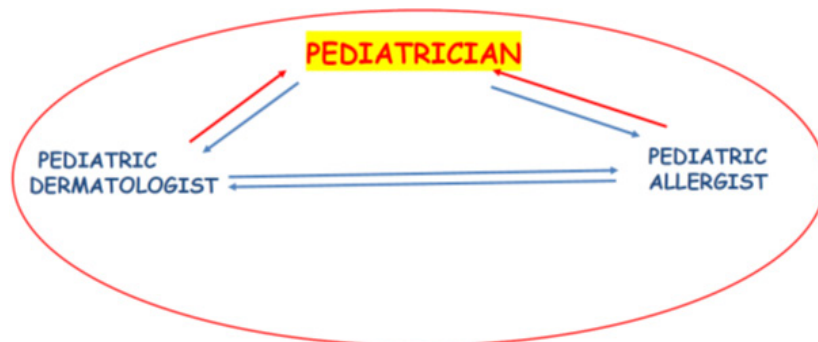


Fig. 1. *The virtuos circuit.*

In this current chaotic context, marked by the emergence of numerous new therapies, it is essential to remember that therapeutic education is the foundation for successful outcomes in any chronic condition, and is included in all treatment guidelines for atopic dermatitis.

To ensure proper educational communication, it would be useful to convey three practical tips to parents and adolescents - to explain what AD is, what the therapeutic goals are, and which behavioral norms should be followed.

Once a definitive diagnosis of atopic dermatitis has been made, communication can proceed as follows:

1) *Communicating the Diagnosis*

Atopic dermatitis is a chronic, relapsing inflammatory skin disease that is very common in childhood. The Italian healthcare system allows us to treat moderate and severe forms free of charge, including with costly innovative drugs. For mild forms, specific products need to be purchased and used properly to avoid complications.

2) *Communicating the Therapy*

For Parents of Children Aged 0-9:

Treatment requires commitment, ideally with a designated "care manager" to coordinate hygiene and topical/systemic treatments. Scheduled follow-up visits must be respected because AD is a chronic disease, even during remission, minimal management may be necessary.

Treatment consistently improves the patient's quality of life and that of the entire family.

Prescriptions for your child are not universal. Sharing and comparing them in online chats with other patients is pointless.

For Adolescents Aged 12-16 it's necessary to add:

You are the main actor in managing this treatable skin disease. follow hygiene rules, ask your parents to help you carry out the treatment correctly and report any skin issues, especially in areas covered by clothes.

Keep track of when your cleansers or emollient creams are running low, and use your smartphone to schedule follow-up visits, reminding your parents to accompany you.

Conclusions

These three pieces of advice come from my 35 years of experience in treating atopic dermatitis. They could be valid in all countries with advanced national healthcare systems. Unfortunately, for atopic dermatitis,

3) Communicating Follow-up Behavior

Any new developments must be reported to your pediatrician, who will decide in agreement with your dermatologist or allergist whether to perform allergy test or clinical instrumental investigation to look for associated conditions.

If you are an internet enthusiast, visit only official scientific society websites, and always consult your pediatrician before making decisions.

access to care remains limited and unequal in many nations, as reported by the International Society for Atopic Dermatitis in 2023 (8).

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