

So, one of the questions that's commonly asked is, how do I figure out the severity of a patient in classifying them? How do I decide which treatments are the right ones for them? And it's actually pretty complex, but I'm going to start simply. When I'm getting a new patient and looking at them, I want to know the history of their disease, not just when it started, but trying to get a sense of what their course is. There are subsets of patients with atopic dermatitis who have an intermittent course of their disease, where-- especially, we see this in the first year, year and a half of life-- where children may have some outbreaks of eczema, and it can come under control with short-term topical treatment, and they may just need moisturizers and go through several months without active disease.

On the other hand, very commonly when I'm asking families, when's the last time there was no disease on the skin, the disease was essentially completely under control? I have-- families are like, totally under control? It's never been totally under control. There's a subset that has very persistent atopic dermatitis. So in assessing a new patient, I'm trying to assess, what's the course of the disease? Is it a continuous course, or is it a course that has very active disease for long periods of time? I'm also trying to assess how it's responded to therapy. I have many patients who come from far away, and unfortunately they've just never really used medicines correctly. Many times they're so scared of topical steroids or some of our non-steroidal agents topically that they've just used an inadequate quantity, and many times we don't tell patients how much medicine to use over time, so they use a tiny amount, and they've never really tried to get their disease under control, or they really haven't effectively done it because they're undertreating.

So I'm trying to assess what the response to therapy has been in the past, whether they've had periods of long-term disease control or not, how hard it's been to get them under control, whether they've had secondary infections, whether it be bacterial or viral infections. And then a whole different avenue is, how has the disease been for the patient and for the family? I'll have 2, 2 and 1/2 year-olds, and when I'm asking the family what's it been like, it really gives an opportunity for the family to let me know that there's-- the sleep disturbance impacted the whole family, that the kid climbs into bed with them, which obviously impacts the relationship of the parents, that they don't go out regularly to the park like other kids, that a child with atopic dermatitis has a different life in terms of their exposure, they work around activities. So you have to give them an ability, give the family an ability to tell you the story of how it's really impacting them.

In a teenager, it will be just directly assessing, how has it been living with your eczema? So many times I'm trying to establish in my office visit, is the family or the individual life really wrapped around their atopic dermatitis? And if it is, in an adolescent, I'll say, do you hate your eczema, and give them a chance to give the feedback, because what I'm trying to do is go through a checklist of disease impact, because the more or the severe the impact is and the more that I establish that they either can't get long-term disease control because they're not especially responsive or that they have disease control, but it's a big burden of therapy, which happens with topicals. Get that information out into the room as a way for us to transition about the consideration for systemic therapy, because in patients who have more severe disease, who have the secondary impact of disease, whose life is living too much around their eczema and can't get under control with topicals, then we're going to take on that question about systemic therapies.

And certainly as we have our newest systemic agents that are sort of more selective in terms of their impact on inflammation with less immunosuppression and more directed towards the subset of Th2 inflammation that impacts on eczema, it's really appropriate to get that out there in the discussion, because some of these therapies are really revolutionary in terms of the life of the patient and the family.