

So sometimes my families may ask, well, do we need to really manage the eczema aggressively? Why can't we just wait it out and see if it gets better on its own? And this is a loaded question to me as a specialist. Let me explain sort of the approach.

We know that more severe atopic dermatitis is associated with more severe consequences-- more sleep disturbance, more problems going to sleep, more evening awakenings, more impact in terms of psychosocial impact on the individual, higher rates of anxiety and depression, more impact on home life, more impact on relationships with other individuals. So these consequences of eczema are generally associated with disease severity. The more severe the disease, the more the consequences on the individual.

This, for me, is the best argument for both aggressive treatment and early treatment. If we can have more effective long-term disease control, we can minimize the impact on the individual in terms of the signs and symptoms but also the secondary impact. Now this is aided by having new sets of medicines that allow us more long-term disease control, but the important thing is try to establish with patients and their families that long-term disease control makes the most sense because we want to minimize both the eczema on them, minimize the rashes as well as minimize the symptoms, and then minimize the secondary consequences.

Now a more subtle part of the question is, well, how good is the evidence that starting treatment really early is going to change the overall course of atopic dermatitis? And we sort of know this, and we don't know it. We don't have the data yet to show that if I take 100 individuals and put them on systemic therapy at two years of age that they're-- because they have very severe disease that at five years of age, their disease will be all fixed or that the natural history is influenced by the years of early treatment as compared to if they're randomized to a group that doesn't get systemic treatment.

These are questions that we're going to be looking at over the next few years, both with our newer topical medicines and also with our newer systemic agents. So those are really unanswered questions. But it doesn't change sort of my directive to my patients and families, which is that the long-term effective disease control is the way to go to minimize the severity in as many time points as we can, which will also minimize the disease impact on the individual and on the family.