

Action plans for atopic dermatitis: A survey of patient and caregiver attitudes



To the Editor: Atopic dermatitis (AD) is a chronic inflammatory skin condition with heterogeneous signs and symptoms, making treatment with a universal approach difficult. Use of individualized action plans among patients with asthma has been shown to improve self-management of their chronic disease^{1,2} while increasing patient confidence and reducing anxiety.³ Given the similarities between asthma and AD's stepwise treatment approaches⁴ and periodic disease flares, use of eczema action plans (EAPs) to facilitate similar outcomes has potential.^{2,3,5} Little is known about the current usage of EAPs in AD care or their ability to enhance disease management. The aim of this study was to understand awareness, utilization, and effectiveness of EAPs from the AD patient and caregiver perspectives.

The National Eczema Association conducted a web-based survey with adult patients with AD (aged >18 years) and caregivers of pediatric patients with AD (aged 0-17 years) about experiences with EAPs (definition provided to participants) in the past 12 months. In total, 846 individuals took the survey, of which 589 (69.6%) met inclusion criteria and 547 (65.6%) fully completed the survey. **Table I** depicts study population characteristics. Respondents were primarily women (70.2%) and most frequently reported their or their child's AD severity as moderate (39.6%). In total, 39.3% ($n = 217$) of respondents had heard of EAPs, and of those, 59.9% ($n = 130$) had received one from their primary eczema provider in the past 12 months and 17.1% ($n = 37$) had received one prior to the past 12 months. Caregivers were more likely to have heard of an EAP than adult patients (52.3% vs 36.1%, $P < .001$), but both were equally likely to have received one (76.2% vs 78.9%). Men were more likely to have heard of an EAP than women (60.4% vs 30.9%, $P < .001$) and received EAPs more than women (81.9% vs 71.5%, $P = .071$). Neither patient race, ethnicity, eczema severity, nor the number of times a provider was seen was associated with receipt of an EAP. For those who had used an EAP in the past 12 months, 66.1% ($n = 109$) found it helpful or very helpful overall and 59.1% ($n = 94$) said that it helped them to effectively follow their treatment plan often or almost always. In fact, 89.6% of respondents

Table I. Characteristics of the study population

Study population variables	N
Connection to eczema %(n)	
Adult patient	78.5% (443/564)
Caregiver	21.5% (121/564)
Patient age (mean \pm SD)	
Adult patient	44.6 \pm 15.5
Child	6.5 \pm 5.0
Respondent gender %(n)	
Female	70.2% (391/557)
Male	28.0% (156/557)
Other	1.8% (10/557)
Respondent race %(n)	
White	65.8% (366/556)
Black or African American	11.5% (64/556)
Asian or Asian American	11.9% (65/556)
Multiracial	5.4% (30/556)
Native Hawaiian/Pacific Islander	0.2% (1/556)
Native American/Alaskan Native	1.8% (10/556)
Other/prefer not to say	3.6% (20/556)
Ethnicity %(n)	
Hispanic	20.7% (115/555)
Non-Hispanic	79.3% (440/555)
Eczema severity %(n)	
Clear	8.6% (46/536)
Mild	37.1% (199/536)
Moderate	39.6% (212/536)
Severe	14.7% (79/536)

across all eczema severities said that they had referred to the EAP 1 or more times outside of their scheduled visits with their provider. Those who found their EAP to be somewhat or not very or not helpful at all ($n = 99$) most often reported that a more individualized plan (20.2%, $n = 20$) or more instructions on how to use the EAP (18.2%, $n = 18$) would have made it more helpful. **Fig 1** shows how often respondents discussed or updated their AP at visits in the past 12 months; 27.8% had never modified it with their provider.

The use of EAPs to enhance AD self-management is promising. There is opportunity to improve EAP use, education, and utility through additional patient personalization and increased health care provider instruction. Future work should examine a more in-depth understanding of health care provider perceptions, frequency of EAP use, and the extent to which health care providers and patients or caregivers are involved in the conception of the EAP.

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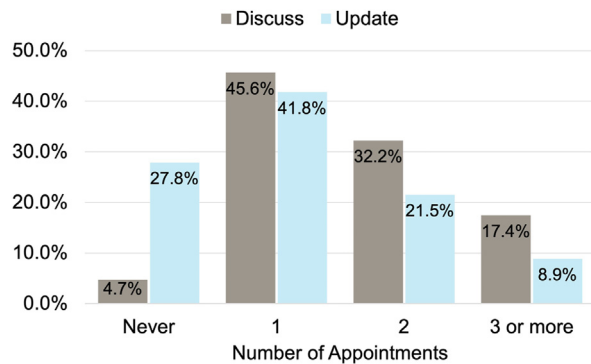


Fig 1. Frequency of discussing and updating the eczema action plans (EAPs) at visits in the past 12 months.

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Conflicts of interest

None disclosed.

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