

General approach to the treatment of atopic dermatitis

Mild dermatitis

- Appropriate general measures
- Emollients
- Topical corticosteroids
- Topical calcineurin inhibitors as second line or where corticosteroids are contraindicated

Moderate dermatitis

- Appropriate general measures
- Emollients
- Moderate potency topical corticosteroids for maintenance
- Potent topical corticosteroids for flares
- Topical calcineurin inhibitors (tacrolimus or pimecrolimus) as maintenance for selected skin areas
- Sedating antihistamines

Severe dermatitis

- Appropriate general measures
- Emollients
- Topical corticosteroids
- Topical calcineurin inhibitors (tacrolimus only) in selected skin areas

Acute flares

- Systemic corticosteroids (short courses)
- Topical corticosteroids in hospital
- Sedating antihistamines
- Thereafter maintenance as for chronic disease

Chronic disease

- UV light
- Non-steroidal systemic drugs: azathioprine, ciclosporin, methotrexate, mycophenolate

Severe refractory cases, frequent flares, poor response, moderate dermatitis in young patients:

- Refer to dermatologist / paediatrician / allergist as appropriate
- Potent topical corticosteroids
- Phototherapy (NBUBV)
- Ciclosporin, Methotrexate, Oral corticosteroids, Azathioprine, Mycophenolate mofetil, IVIG, IFN- γ
- Psychotherapeutic intervention