Scoping systematic review of treatments for eczema

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Declared competing interests of authors: Sébastien Barbarot reports grants from Le Collège des Enseignants en Dermatologie de France (CEDEF) during the conduct of the study and grants from Astellas, personal fees from GlaxoSmithKline, personal fees from Sinclair Pharma, personal fees from Astellas, grants from the Foundation for Atopic Dermatitis, Pierre Fabre Laboratory, and grants from Pierre Fabre Laboratory as an investigator outside the submitted work. Hywel Williams is Deputy Director of the National Institute for Health Research Programme, chairperson of the HTA Commissioning Board, and Programme Director for the Health Technology Assessment programme.

Published May 2016
DOI: 10.3310/pgfar04070

Plain English summary

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Programme Grants for Applied Research 2016; Vol. 4: No. 7
DOI: 10.3310/pgfar04070

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**Plain English summary**

Eczema is an itchy red rash caused by genetic and environmental factors.

This review summarises randomised controlled trials of eczema treatments published since 2000. We aimed to find, organise and comment on this evidence to help clinicians and patients make informed choices about eczema treatments, as well as identify areas for further research. The review included 287 new trials, covering 92 treatments, the majority of which were not clearly reported, making it difficult to judge their quality.

There was reasonable evidence of benefit for topical corticosteroids, tacrolimus, pimecrolimus, education, ultraviolet light therapy, Atopiclair™ (Graceway Pharmaceuticals), ciclosporin and azathioprine tablets.

Studies to date suggest no benefit for twice-daily compared with once-daily topical corticosteroids, topical corticosteroids containing antibiotics, montelukast, probiotics, evening primrose oil and borage oil and ion-exchange water softeners.

Insufficient research exists for different emollient regimes, wet wraps, antiseptic bath additives, antifungal creams, antihistamines, specialised clothing, e-health management, dietary interventions, Chinese herbal treatment, complementary and alternative treatments, psychological therapies, salt baths, tablet treatments (steroids, methotrexate, mycophenolate mofetil), biologics or injected treatments (immunoglobulin, desensitisation therapy).

We did not find any trials that evaluated dilution of topical corticosteroids, impregnated bandages, soap avoidance or routine allergy testing.

Almost as many trials were published in the last 14 years as in the previous 50 years. Although there are still problems with trial design and reporting, the evidence presented here provides information for clinicians, patients and careers. We recommend that patients are included in the prioritisation and design of future eczema trials.
Programme Grants for Applied Research

ISSN 2050-4322 (Print)
ISSN 2050-4330 (Online)

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This report

The research reported in this issue of the journal was funded by PGfAR as project number RP-PG-0407-10177. The contractual start date was in September 2008. The final report began editorial review in April 2014 and was accepted for publication in May 2015. As the funder, the PGfAR programme agreed the research questions and study designs in advance with the investigators. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The PGfAR editors and production house have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, CCF, NETSCC, PGfAR or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the PGfAR programme or the Department of Health.

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