

# **A randomised controlled trial to compare the safety, effectiveness and cost-effectiveness of doxycycline (200 mg/day) with that of oral prednisolone (0.5 mg/kg/day) for initial treatment of bullous pemphigoid: the Bullous Pemphigoid Steroids and Tetracyclines (BLISTER) trial**

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## Plain English summary

### **The Bullous Pemphigoid Steroids and Tetracyclines (BLISTER) trial**

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## Plain English summary

**B**ullous pemphigoid (BP) is an uncommon itchy blistering skin problem that is more common in old age. Steroid tablets are often used to clear up blisters quickly in people with BP, but they can lead to serious side effects such as diabetes, infections and fractures. Antibiotics such as doxycycline are used to treat BP and, although less effective at controlling blisters quickly, they might be safer than steroids over a long period. We set out to compare the benefits and harms of these two treatments. We split 253 people with BP into two similar groups randomly (by chance), starting one group on doxycycline tablets (200 mg daily) and the other group on oral steroids at a daily dose of 0.5 mg/kg of body weight. People could switch from one treatment to another or change the dose after 6 weeks as advised by their doctor. In terms of early control, 74.1% in the doxycycline group had three or fewer blisters at 6 weeks, compared with 91.1% in the steroid group. When we looked at harms, 18.2% of those starting on doxycycline had severe, life-threatening or fatal outcomes within the 1-year follow-up period compared with 36.3% of those on steroids. The results were about the same for people who had mild, moderate or severe BP. We conclude that a policy of starting treatment with doxycycline is reasonably effective in the short term and much safer than starting treatment with oral steroids in the long term.



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