

Home-based narrowband UVB, topical corticosteroid or combination for children and adults with vitiligo: HI-Light Vitiligo three-arm RCT

Jonathan M Batchelor,^{1†} Kim S Thomas,^{1*†}
Perways Akram,² Jaskiran Azad,³ Anthony Bewley,⁴
Joanne R Chalmers,¹ Seau Tak Cheung,⁵ Lelia Duley,⁶
Viktoria Eleftheriadou,⁷ Robert Ellis,^{8,9}
Adam Ferguson,¹⁰ Jonathan MR Goulding,¹¹
Rachel H Haines,⁶ Hamdi Hamad,¹² John R Ingram,¹³
Bisola Laguda,¹⁴ Paul Leighton,¹ Nick Levell,¹⁵
Areti Makrygeorgou,¹⁶ Garry D Meakin,⁶ *et al.*‡

¹Centre of Evidence Based Dermatology, University of Nottingham, Nottingham, UK

²Department of Medical Physics and Clinical Engineering, Nottingham University Hospitals NHS Trust, Nottingham, UK

³The James Cook University Hospital, South Tees Hospitals NHS Foundation Trust, Middlesbrough, UK

⁴Whipps Cross Hospital and The Royal London Hospital, Barts Health NHS Trust, London, UK

⁵Blackheath Hospital, Winchester House, London, UK

⁶Nottingham Clinical Trials Unit, Nottingham, UK

⁷Leicester Royal Infirmary, Leicester, UK

⁸York Hospital, York Teaching Hospital NHS Foundation Trust, York, UK

⁹Medical School, Newcastle University, Newcastle upon Tyne, UK

¹⁰Royal Derby Hospital and the London Road Community Hospital, University Hospitals of Derby and Burton NHS Foundation Trust, Derby, UK

¹¹Solihull Hospital, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK

¹²Cannock Chase Hospital and New Cross Hospital, The Royal Wolverhampton NHS Trust, Wolverhampton, UK

¹³Division of Infection and Immunity, Cardiff University, Cardiff, UK

¹⁴Chelsea and Westminster Hospital, Chelsea and Westminster Hospital NHS Foundation Trust, London, UK

¹⁵Norfolk and Norwich University Hospitals NHS Foundation Trust, Norwich, UK

¹⁶West Glasgow Ambulatory Care Hospital, NHS Greater Glasgow and Clyde, Glasgow, UK

*Corresponding author Kim.Thomas@Nottingham.ac.uk

†Joint first authors

‡The full author list can be found in *Appendix 1*.

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

HI-Light Vitiligo three-arm RCT

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Plain English summary

The Home Interventions and Light therapy for the treatment of vitiligo (HI-Light Vitiligo) trial aimed to find out whether or not treating vitiligo at home with a narrowband ultraviolet B light, either by itself or with a steroid ointment, is better than treatment using a steroid ointment only.

We enrolled 517 children (aged ≥ 5 years) and adults who had small, active (i.e. recently changing) patches of vitiligo into the study. Participants received one of three possible treatment options: steroid ointment (plus dummy light), hand-held narrowband ultraviolet B light therapy (plus placebo ointment) or both treatments used together.

We asked participants to judge how noticeable their target vitiligo patch was after 9 months of treatment. We considered the treatment to be successful if the participants' responses were either 'a lot less noticeable' or 'no longer noticeable'.

The results showed that using both treatments together was better than using a steroid ointment on its own. Around one-quarter of participants (27%) who used both treatments together said that their vitiligo was either 'no longer noticeable' or 'a lot less noticeable' after 9 months of treatment. This was compared with 17% of those using steroid ointment on its own and 22% of those using narrowband ultraviolet B light on its own.

All treatments were able to stop the vitiligo from spreading. Patches on the hands and feet were less likely to respond to treatment than patches on other parts of the body.

The trial found that the vitiligo tended to return once treatments were stopped, so ongoing intermittent treatment may be needed to maintain the treatment response.

The treatments were found to be relatively safe and easy to use, but light treatment required a considerable time commitment (approximately 20 minutes per session, two or three times per week).

This trial showed that using steroid ointment and narrowband ultraviolet B light together is likely to be better than steroid ointment alone for people with small patches of vitiligo. Steroid ointment alone can still be effective for some people and remains a useful treatment that is able to stop vitiligo from spreading. The challenge is to make hand-held narrowband ultraviolet B light treatment available as normal care in the NHS for people with vitiligo.

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This report

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