Emollient Tx From Birth May Prevent Eczema

BY DOUG BRUNK

PORTLAND, ORE. — Beginning emollient therapy at birth is a safe and feasible approach to prevent eczema, results from a small pilot study suggest.

"Decades of research on allergen avoidance has not led to any successful strategy so far," Dr. Eric Simpson said at the annual meeting of the Pacific Dermatologic Association.

"There are new genetic data showing that eczema is probably a skin barrier disease, at least in a healthy proportion of patients," he said. "This leads us to the question: Can we focus on skin barrier to prevent eczema?"

The earliest known published study on the topic is from 1991, when researchers in Kenya examined determinants of eczema and whether detergents caused it (Trop. Doct. 1991;21:104-6). They found that the use of petrolatum early in life provided a protective effect.

"This was a case-control study, so it was just one point in time, but it was a surprising finding, and there has not been a follow-up study since that time," commented Dr. Simpson, who is with the department of dermatology at Oregon Health and Science University in Portland.

More recent studies, he added, have found that using Aquaphor (Eucerin) in premature neonates from birth can prevent dermatitis, improve skin barrier function, and reduce mortality and sepsis. "But there have been no studies looking specifically at the skin barrier to prevent atopic dermatitis," he said.

He and his associates were prompted to investigate skin barrier protection after an infant care study at Oregon Health and Science University revealed that 73% of parents and caregivers bathed infants more than three times per week, 91% used soap during bathing, 75% used moisturizers, and 62% regularly used watery lotion.

From that study, Dr. Simpson and his associates concluded that frequent bathing and moisturizer use "is very common in patients who develop eczema," he said. "These skin care practices may be detrimental to the skin. That's concerning in people who are genetically predisposed to developing eczema. Watery lotions and water alone can disrupt the skin barrier."

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For the pilot study, the researchers enrolled 22 neonates who received Cetaphil cream daily to all body surfaces from day 7. All of the study participants had at least one sibling with clinically confirmed eczema and were studied for a mean of 447 days and a median of 397 days. They underwent regular clinical exams for the development of eczema and barrier function.

To date, only two of the patients (9%) have developed eczema, and there have been no adverse events related to treatment. Dr. Simpson said that the finding is remarkable because previous studies have demonstrated that 40%-50% of infants with an affected sibling develop eczema.

"We're not really going to know until we have a controlled study, but it is somewhat suggestive that this treatment could be protective against eczema," he said.

"In addition, barrier protection may reduce IgE sensitization that occurs through the skin. We have a lot of questions to answer. Can it prevent atopic dermatitis? Can it prevent asthma and food allergy down the road? What's the best barrier protectant?" Dr. Simpson asked.

The study was funded by the Dermatology Foundation and the National Eczema Association.

Dr. Simpson disclosed that he is a paid consultant for Galderma Laboratories, which makes Cetaphil cream. He also has received a research grant from Ceragenix Pharmaceuticals Inc. ■