Pearls Help in Treatment of Teen Atopic Dermatitis

BY HEIDI SPLETE
Senior Writer

CHICAGO — Assume noncompliance when treating atopic dermatitis in teenage patients, said Dr. Jon M. Hanifin, a dermatologist at Oregon Health and Science University in Portland.

"Managing atopic dermatitis in teenagers is not for the faint of heart," said Dr. Hanifin, a specialist in atopic dermatitis who has served as a consultant for multiple pharmaceutical companies.

Dr. Hanifin shared some tips on treating atopic dermatitis (AD) in teenagers at the annual meeting of the Society for Pediatric Dermatology. His advice included the following:

► Keep the parents out of the room except for the start and end of the visit. "You have to get the parents out of the room to find out what's going on," he said.

► Ask the teens to call the office if the treatment isn't going well and encourage them to schedule their appointments.

► Offer psychiatric consultation. Some of these teens genuinely want help other than their parents yelling at them.

► Don't shy away from systemic medications. Try methotrexate for moderate to severe cases of AD in adolescents because it is less expensive than cyclosporin, Dr. Hanifin said.

He said he often starts teen atopic dermatitis patients with 2.5 mg of methotrexate for 4 of 7 days each week, which has been more effective than a once weekly dose of 15 mg in many of his teen patients. "For the really severe cases, I'll increase the dose [of methotrexate] to 5 mg, and when remission occurs we'll go through the same pattern of tapering that we would with cyclosporin."

But clinicians should remember that teenagers are prone to rebellion, and they will try everything else they think might work except what parents and doctors advise them to do, he warned.

For a busy teenager, making time for consistent AD care is rarely a priority, he noted. ■

Metformin Regimen Quells Acne in PCOS

TORONTO — A 6-month treatment regimen of metformin can help reduce the prevalence and degree of acne in women with polycystic ovary syndrome, according to Dr. Susanne Tan and her colleagues.

The researchers treated 100 women with polycystic ovary syndrome (PCOS) and acne papulopustules with a weight-adapted dose of metformin for 6 months. The degree of acne fell from a mean of 1.5 to 0.9 and the prevalence dropped from 100% at baseline to 72% after 6 months of treatment. The findings were presented in a poster at the annual meeting of the Endocrine Society.

The mean age of the women who participated in the study was 28 years, and they had a mean body mass index of 31.8 kg/m^2. Dr. Tan of the University Hospital Essen, in Germany, and her colleagues defined PCOS according to the Rotterdam criteria, while degree of acne was rated by the number of lesions per half of the face.

Women with 1-10 lesions were considered to have degree I acne, those with 11-20 lesions had degree II, and those with 21-30 lesions had degree III. At baseline, 55% of participants had degree I acne, 39% had degree II ace, and 6% had degree III.

Hyperandrogenism and chronic anovulation were assessed at baseline and after 6 months through physical exam and blood testing, the researchers wrote.

After metformin therapy, 56% of women in the study experienced at least one degree of improvement in their acne. About 41% saw no difference, and 3% worsened, according to the study.

After 6 months of treatment with metformin, there was a statistically significant decline in some PCOS symptoms, such as high BMI, amenorrhea, and acne. There was no statistical difference in hirsutism or alopecia from baseline, Dr. Tan and her colleagues noted.

For example, testosterone levels and free androgen indices were significantly reduced, and the prevalence of chronic anovulation was significantly lower after treatment (91% vs. 53%), they said.

—Mary Ellen Schneider