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EFFECTIVENESS AND TOLERABILITY OF AN EMOLLIENT 'PLUS' FORMULATION IN PATIENTS WITH XEROSIS OR ATOPIC DERMATITIS: RESULTS OF A REAL-WORLD OBSERVATIONAL STUDY CONDUCTED IN THE UNITED KINGDOM

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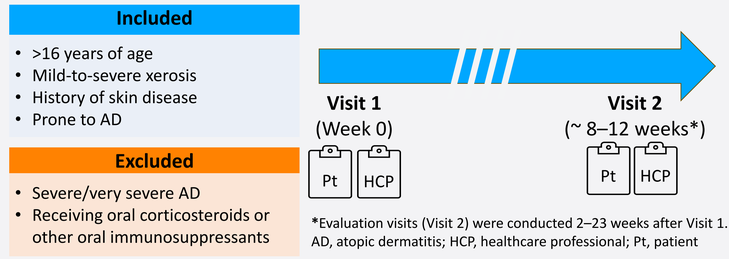
INTRODUCTION

- Emollients are recommended as basic skin care in patients with any severity of atopic dermatitis (AD)[1]
- Emollient 'plus' are emollients that contain active ingredients that can improve eczema lesions and influence the skin microbiome of patients with AD[2]
- The aim of this study was to assess the impact of an Emollient 'plus' on symptom management and health-related quality of life (HRQoL) in patients with xerosis, including those with AD

METHODS

- In this study we evaluated a novel Emollient 'plus', comprising shea butter, glycerin, canola oil, niacinamide, *Vitreoscilla filiformis (VF)* biomass extract grown in thermal spring water (TSW; *Aqua Posae filiformis),* Ophiopogon japonicum root extract (Microresyl) and TSW.
- This observational study was conducted by 11 dermatologists in the United Kingdom who each aimed to recruit 10 eligible patients **(Figure 1)**
- Dermatologists recommended the use of this Emollient 'plus' once or twice daily
- Patients and physicians completed questionnaires at Visit 1 and Visit 2 **(Figure 1)** to evaluate effectiveness, satisfaction, and tolerability, while patients also assessed their HRQoL

FIGURE 1. Study design



*Evaluation visits (Visit 2) were conducted 2–23 weeks after Visit 1.
AD, atopic dermatitis; HCP, healthcare professional; Pt, patient

RESULTS

- Baseline characteristics of the 98 participants are shown in **Table 1**
- Physicians recommended treatment over a mean (SD) of 9.2 (3.0) weeks, with most patients being recommended twice-daily application (74.5%)
- Other treatments were also recommended to 54 (52.9%) patients, most commonly topical corticosteroids (48 [49.0%]) and antihistamines (17 [17.4%])

TABLE 1. Baseline demographics and clinical characteristics

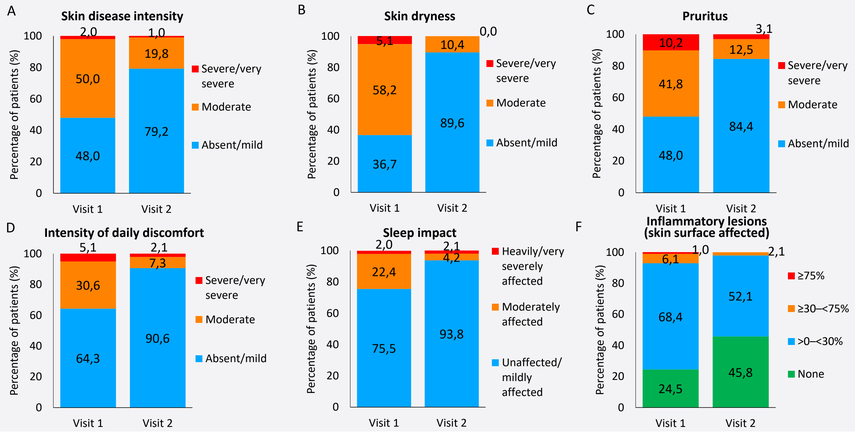
Demographics and clinical characteristics	Total N=98	
Male, n (%)	41 (41.8)	
Age, mean (SD)	42.1 (16.1)	
Fitzpatrick Skin Phototype, n (%)		
I	14 (14.3)	
II	34 (34.7)	
III	13 (13.3)	
IV	25 (25.5)	
V	10 (10.2)	
VI	2 (2.0)	
Skin condition	**Total N=97*; n (%)**	**Length of diagnosis; Mean (SD)†**
Atopic dermatitis	47 (48.5)	21.4 (15.1)
Psoriasis	6 (6.2)	21.0 (15.1)
Senile xerosis	12 (12.4)	6.1 (6.0)
Severe xerosis other than AD	22 (22.7)	8.4 (8.8)
Other‡	10 (10.3)	7.2 (7.9)

*N=97; one participant did not provide data for the question 'How long has your patient been suffering from this disease?'.
†Physicians reported length of diagnosis in weeks/months/years; answers were standardised to "years" in data analysis.
‡'Other' included: hand eczema; prurigo nodularis; mild xerosis and generalised pruritus; atopic dermatitis and seborrheic dermatitis; pruritis; xerosis; and no response selected. The number of patients for each of the 'Other' skin condition was ≤3.
SD, standard deviation

Physician-reported findings

- The proportion of patients whose physician rated moderate/severe/very severe skin disease intensity **(Figure 2A)**, skin dryness **(Figure 2B)** and pruritus **(Figure 2C)** reduced to <25% at Visit 2
- The proportion of patients with absent or mild daily discomfort **(Figure 2D)** or sleep impact **(Figure 2E)** increased to 90.6% and 93.8%, respectively, at Visit 2.
- The proportion without inflammatory lesions almost doubled between Visit 1 and Visit 2; no individuals had ≥75% affected skin surface affected by Visit 2 **(Figure 2F)**

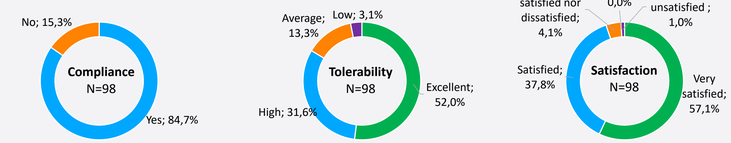
FIGURE 2. Improvements in physician-reported findings of the patient's clinical condition



Patient-reported findings

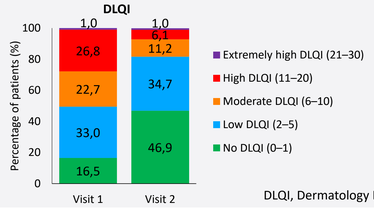
- More than 80% of patients reported being compliant, high/excellent tolerability and being satisfied/very satisfied with the treatment **(Figure 3)**

FIGURE 3. Patient-reported compliance, tolerability and safety



- Nearly three times as many individuals reported no impact on their HRQoL at Visit 2 compared with Visit 1 **(Figure 4)**

FIGURE 4. Improvements in patient-reported findings



DLQI, Dermatology Life Quality Index

Summary

- **Improvements were seen in all physician-reported outcomes from Visit 1 to Visit 2 (Figure 2)**
- **High levels of compliance, tolerability and satisfaction with Emollient 'plus' was reported by patients (Figure 3)**
- **DLQI showed improvement in HRQoL after use with Emollient 'plus' (Figure 4)**

CONCLUSIONS

- **These real-world data support the effectiveness of an Emollient 'plus' containing *Aqua Posae filiformis*, and microresyl, with shea butter, glycerin, niacinamide and TSW for improving skin condition and HRQoL in patients with mild-to-severe xerosis, including AD**
- **These findings contribute to other studies exploring the efficacy of this Emollient 'plus' treatment, which found:**
  - **Significantly reduced symptoms of mild-to-severe AD after more than 2 months of application either alone or as adjunctive therapy[3]**
  - **Reduced topical steroid use in patients with mild-to-moderate AD compared with standard emollients[4]**
  - **Improved pruritus and HRQoL compared with standard emollients in patients with moderate-to-severe AD on systemic treatment[5]**
  - **A similar emollient 'plus' supplemented with VF demonstrated clinical improvements in patients with moderate AD compared with another emollient[6]**

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