

atopic dermatitis
2024
summit

advance briefing

atopic dermatitis summit

saturday may 11, 2024 | 10 a.m. to 1 p.m. ET | virtual summit

what is atopic dermatitis?

Atopic dermatitis (AD) is the most common chronic inflammatory skin disease. The pruritis can be unbearable and can have a devastating impact on a patient's social and work lives, leading to mental health issues including severe depression and even suicidal ideation.

AD is also becoming more common. According to the Canadian Dermatology Association, up to 17% of Canadians will have AD at some point in their lives. A 2023 report from the [U.S. National Institutes of Health](#) indicated atopic dermatitis is seen in approximately 10% to 30% of children and 2% to 10% of adults in developed countries. This prevalence has increased two- to three-fold in recent decades.

The condition is especially prevalent in patients of colour. According to the American Academy of Dermatology, "research indicates that African-American and Asian-American children develop AD more often than white children." Dr. Rachel Asiniwasis, a dermatologist based in Regina who works closely with remote Indigenous communities, told the [CBC](#) this year that "I call [AD] the diabetes of dermatology because it's so common."



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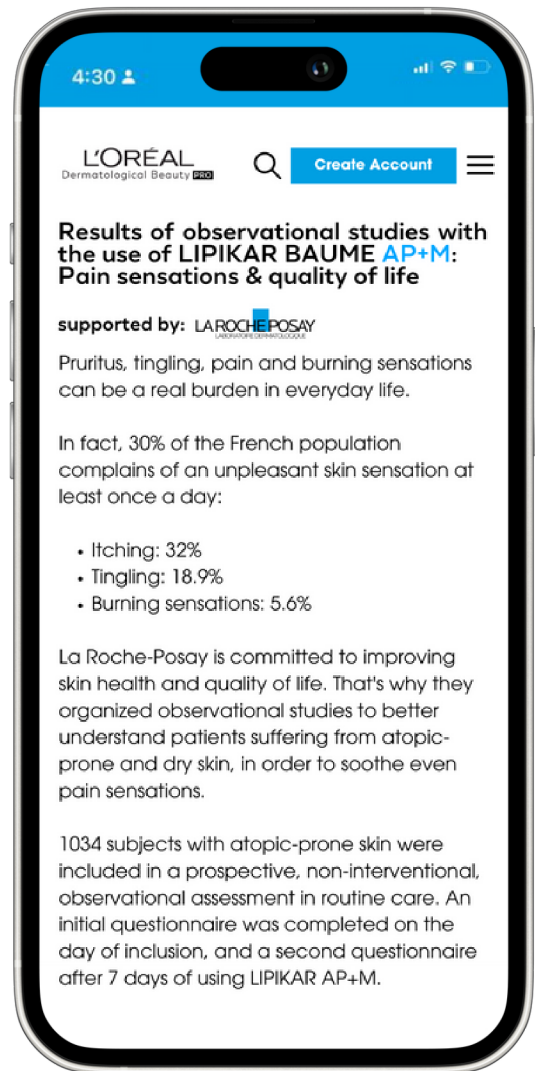
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Dr. Asiniwasis, who has a Plains Cree, Saulteaux, and English background, told the [Indigenous Skin Summit](#) that living conditions in remote communities exacerbate the problem. “When you consider barriers unique to these remote populations—such as poor access to and inflated costs for basic skin care products needed for the fundamentals of bathing and moisturizing—and add environmental issues such as water restrictions and crowded housing, you end up with a potential disaster, and that's what we're seeing on these reserves,” she said.

A study from Jan. 2023 showed that even Indigenous children and young people living in urban centres in high-income countries have higher rates of AD and bacterial skin infections.

“Current and severe symptoms of AD were more common in urban-living Indigenous [children and young people] in [high income countries] compared with their non-Indigenous peers, with children having a higher prevalence than adolescents. Urban-living Indigenous [children and young people in high income countries] had a higher incidence of all measures of [bacterial skin infections] compared with their non-Indigenous peers, and were over-represented for all measures of [bacterial skin infections] compared with their proportion of the background population,” wrote the authors of the study, published in [Pediatric Dermatology](#).



Identifying and managing sensitive skin triggers

What does sensitive skin look like?

If your patient's skin responds strongly to chemicals, dyes, or fragrances found in products that touch their skin, or they sometimes experience rashes and irritation from their clothing, they may have sensitive skin.

Some of the most common signs and symptoms of sensitive skin include¹:

- Red skin with or without swelling.
- Skin that itches, stings, or burns.
- Dry skin that may peel, crack, blister, or bleed.
- Patches of skin that feel dry, hard, and leathery.



Developed in association with:

Dr. Carrie Lynde

LLB, MD, FRCPC,
Dermatologist

Identifying Common Triggers of Sensitive Skin

Taking the time to investigate potential irritants in the patient's workplace, outside environment, and home can help to make the connection between the trigger and their reactive skin.

"I recommend taking the time to do a series of elimination questions to find irritants and remove them from the patient's environment. Keeping a skin diary can also help identify patterns and potential skin irritation triggers. If there are multiple triggers, it can be helpful to eliminate all of them and slowly reintroduce them one at a time to isolate the specific trigger."

There are three main areas to explore:

Occupational Triggers:	Environmental Triggers:	Personal Care and Home Triggers:
<ul style="list-style-type: none"> • What type of work does the patient do? • Are they exposed to soaps, chemicals, latex gloves, or frequent hand washing? 	<ul style="list-style-type: none"> • Does the patient spend a lot of time outdoors? • Have they recently come in contact with poison ivy, oak, or sumac? 	<ul style="list-style-type: none"> • Is the patient using skincare products with potentially irritating ingredients like retinol or glycolic acid? • Is a fragrance-free, dye-free detergent, fabric conditioner, and dryer sheet being used?

To view the full list of sensitive skin triggers, visit www.pgsciencebehind.com/en/free-gentle



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The role of textiles in sensitive skin

Laundry products are frequently overlooked as a possible trigger of sensitive skin. Many patients are unaware of the irritation that fragrance can cause, and clothing and bed sheets washed in scented laundry detergents can lead to widespread rashes. *"As a dermatologist, I always recommend my patients use hypoallergenic, fragrance-free, dye-free laundry products like the Tide, Downy, and Bounce Free & Gentle regime as the first step in managing their sensitive skin."*

The entire laundry routine needs to be free!

When talking to patients about their laundry routine, it is important to remind them that the entire routine needs to be "free" from dyes and perfumes to avoid skin rashes and sensitivity. This includes fabric conditioners and dryer sheets.

#1 Dermatologist Recommended Laundry Products
Hypoallergenic. Free of perfumes.

* Tide Free & Gentle Liquid Laundry Detergent, Tide PODS Free & Gentle Laundry Detergent, Downy Free & Gentle Liquid Fabric Conditioner, Tide Hygienic Clean Heavy Duty 10x Free Liquid Laundry Detergent, Tide Hygienic Clean Heavy Duty 10x Free Power PODS Laundry Detergent, and Tide PODS Ultra Oxi Free Laundry Detergent have all earned the Eczema Society of Canada Seal of Acceptance. † Trademark of Eczema Society of Canada/Société canadienne de l'eczéma, used under license.

† Earned National Psoriasis Foundation Seal of Recognition, excluding Bounce Free & Gentle dryer sheets.

References: 1. McCallum K. Sensitive Skin: Symptoms, Common Triggers & How It's Treated. Houston Methodist Hospital - Texas Medical Center. Feb. 2, 2022. Available at: <https://www.houstonmethodist.org/blog/articles/2022/feb/sensitive-skin-symptoms-common-triggers-how-its-treated/>

training needed for healthcare providers

One problem, as an Oct. 2023 article in the *Australian Journal of General Practice* reaffirms, is a lack of training among healthcare workers.

“Atopic dermatitis in children with skin of colour [SOC] can vary greatly from traditional textbook descriptions,” the authors wrote. “It can be misdiagnosed and its severity underestimated. Complications from AD itself, as well as the treatments provided, might result in inadequate treatment unless the treating doctor is aware of specific nuances in patients with SOC,” they conclude.

An April, 2024 study from the University of Gothenburg in Sweden concluded that the lack of images of AD in patients in general—and especially among patients of colour—in scientific studies also makes it harder for patients to participate in decisions about their healthcare.

“We need more images of patients as visual aids in communication,” said Sam Polesie, MD, PhD, associate professor at the Sahlgrenska Academy at the University of Gothenburg, in an interview with *Medical Xpress*. “It is difficult for patients to understand the figures used in scientific publications to describe severity or the effect a certain treatment may have.”

That difficulty could worsen the mental health burden of AD, which is not being addressed by many clinicians. A Nov. 2023 study in the *Annals of Allergy, Asthma & Immunology* surveyed 954 patients about their experience addressing mental health concerns with their allergist.

“...72.6% reported poor mental health symptoms for one-10 days within the past month, while 17.7% reported more than 11 days. One-third (35.4%) said they had never brought up mental health with their allergist, and 57.2% said they had never been asked about it. Only 45.1% of respondents said their allergist had referred them to mental health services or resources.”

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neurodevelopmental conditions and AD

A March, 2024 study in *JAMA Dermatology* concluded that AD may also lead to increased chances of memory difficulties among children with ADHD or other neurodevelopmental conditions.

“Among only children with ADHD or learning disability, just having atopic dermatitis alone was associated with two-fold to three-fold higher odds of memory difficulties than not having atopic dermatitis,” study author Dr. Joy Wan said in an interview with *Medical News Today*.

But there was also some good news about what might be the worst symptom of AD, the relentless, sometimes nearly unbearable, pruritis. A study published in the Nov. 2023 issue of *Cell* by scientists from the Harvard Medical School concluded that a common skin bacterium—*Staphylococcus aureus*—can cause itch by acting directly on nerve cells.

Previously, scientists had believed the pruritis was caused by the accompanying inflammation of the skin.

“We’ve identified an entirely novel mechanism behind itch—the bacterium *Staph aureus*, which is found on almost every patient with the chronic condition atopic dermatitis. We show that itch can be caused by the microbe itself,” senior author Isaac Chiu said in an interview with *Harvard News*.





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Scan for more innovation



And the approval last year of dupilumab for use in children as young as six months of age may offer a way to interrupt the progression of AD.

Toronto dermatologist Dr. Sam Hanna, Medical Director of Dermatology on Bloor, views the approval as a move to potentially influence the trajectory of the course of AD and possibly related comorbidities.

“We always talk about disease modification, but the ability to treat super early may actually alter the course of disease,” said Dr. Hanna, in an article in the Dec. 2023 issue of *The Chronicle of Skin & Allergy*. “It [early treatment] certainly impacts on cumulative life course impairment. In controlling disease early, by definition, the trajectory of that individual’s life course impairment is going to change. That is super important.”

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summit co-chairs



Dr. Marissa Joseph

Dr. Marissa Joseph completed medical school at Dalhousie University and her postgraduate training at the University of Toronto. She is double board-certified in Pediatrics and Dermatology and full-time academic faculty at the University of Toronto. She has received and has been nominated for teaching awards in both undergraduate and postgraduate medical education. She also completed an MSc in Community Health at the Dalla Lana School of Public Health.

Dr. Joseph is the Medical Director of the Ricky Kanee Schachter Dermatology Centre at Women's College Hospital. She also works at the Sickkids hospital where she manages children with complex dermatologic disease as well as within a pediatric laser treatment program.

Dr. Joseph enjoys her diverse practice in general adult, pediatric, and surgical dermatology. Her clinical and research interests include inflammatory skin disorders such as psoriasis, atopic dermatitis, and hidradenitis suppurativa; genodermatoses; and equity, diversity and inclusivity.



Dr. Neil Shear

Dr. Neil Shear was Head of Dermatology at Sunnybrook Health Sciences Centre and is Professor Emeritus at the University of Toronto. He retired from active practice in June 2023 and continues to provide mentorship and education in dermatology. His primary academic research was in drug safety, including basic mechanisms that lead to increased risk for drug-induced harm.

Dr. Shear's practice was considered advanced medical dermatology, with diseases of focus include atopic dermatitis, psoriasis, auto-immune blistering disease, drug-induced disease, hidradenitis suppurative, cutaneous lymphomas, and auto-immune skin disease.

Past positions Dr. Shear has held include: President of the Canadian Dermatology Association, President of the Canadian Society of Clinical Pharmacology, President of the Canadian Professors of Dermatology, President of the Canadian Dermatology Foundation and Head of Dermatology at University of Toronto.



summit faculty



Dr. Melinda Gooderham

Dr. Melinda Gooderham is a dermatologist and serves as Medical Director at the SKiN Centre for Dermatology in Peterborough, Ont. and the Principal Investigator for the SKiN Research Centre. Currently, Dr. Gooderham is an Assistant Professor at Queen's University, and also works as a Consultant Physician at the Peterborough Regional Health Centre (PRHC). She is a fellow of the Royal College of Physicians and Surgeons of Canada and Vice President of the Dermatology Association of Ontario. Actively involved in teaching, Dr. Gooderham provides medical students, medical residents, nurse practitioners, and physicians with both didactic lectures and hands-on clinical training.



Dr. Carolyn Jack

Dr. Carolyn Jack, MDCM, PhD, FRCPC, is an Assistant Professor, Dermatology, at McGill University, and a Junior Scientist at the Infectious Diseases and Immunity in Global Health Program of the Research Institute of the McGill University Health Centre. In 2018, Dr. Jack founded the McGill University Hospital Network Center of Excellence for Atopic Dermatitis, the first tertiary care centre in Canada dedicated to adult atopic dermatitis. She is the co-founder of EczemaQ, an award-winning mobile health application, and the registered non-profit Patient Advisory Committee known as Eczéma Québec. As an FRQS Clinical Research Scholar, her research goal is to identify disease-modifying interventions in chronic atopic dermatitis.



Dr. Joseph Lam

Dr. Joseph Lam is a Clinical Associate Professor of Pediatrics and an Associate Member of the Department of Dermatology and Sciences at the University of British Columbia. He practices at the BC Children's Hospital and in his private clinic on East 10th Avenue in Vancouver.



summit faculty



Dr. Siobhan Perkins

Dr. Siobhan Perkins graduated from McGill University's Adult Clinical Allergy and Immunology program. She is the previous Vice President of the British Columbia Society of Allergy and Immunology and a current clinical instructor with the Division of Allergy and Clinical Immunology at the University of British Columbia. She currently works out of the Surrey Allergy Clinic where she sees both pediatric and adult allergy and Immunology patients.

Her specific interest is in medical education and she is the current medical undergraduate lead for the Division of Allergy and Immunology. Currently, She is pursuing a Master of Education in the Health Professions at Johns Hopkins University.

Outside work, her interests are learning French, working out, and playing golf.



Dr. Cathryn Sibbald

Dr. Cathryn Sibbald is an Assistant Professor at the University of Toronto and a full-time staff physician in the Division of Dermatology at the Hospital for Sick Children. She also works at several community sites including St. Joes and Blookids. She completed her dermatology residency training at the University of Toronto followed by fellowship training in Pediatric Dermatology at the Children's Hospital of Philadelphia. She has interests in autoimmune and inflammatory skin conditions and impacts on quality of life, and co-lead alopecia, morphea and Hidradenitis specialty clinics at SickKids.





meeting agenda

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Time (ET)	Topic	Faculty
10:00 a.m.	Welcome & Learning Objectives	Dr. Marissa Joseph
10:05	Practical Pearls: Effectively Communicating with Patients and Families with AD	Dr. Neil Shear
10:20	New Approaches to Pediatric Atopic Dermatitis Treatment	Dr. Cathryn Sibbald
10:35	Prioritizing Sun Protection in the Management of Atopic Dermatitis	Dr. Joseph Lam
10:50	Live Panel Discussion	
11:05	The Role of Cleansing & Moisturizing in Atopic Dermatitis <i>Sponsored by CeraVe</i>	Dr. Melinda Gooderham
11:35	Bio break	
11:40	Diagnosis of Atopic Dermatitis Across the Skin Spectrum	Dr. Marissa Joseph
11:55	Addressing Disparities in Atopic Dermatitis with Cree Indigenous Communities	Dr. Carolyn Jack
12:10 p.m.	Understanding the Interplay: Food Allergies, Allergy Testing, and Atopic Dermatitis	Dr. Siobhan Perkins
12:25	Live Panel Discussion	
12:45	Conclusion	Dr. Neil Shear



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