Which Patients are Eligible for Systemic Treatment of Atopic Dermatitis?

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Before the FDA approvals of the latest JAK inhibitors, systemic treatment for atopic dermatitis (AD) revolved around cyclosporine (CSA), methotrexate (MTX), and phototherapy. CSA inhibits the T-cell production of cytokines, helping address the dermatitis, with adverse effects including high blood pressure and increased hair growth. Methotrexate (MTX) offers anti-inflammatory properties and an immune-modulatory effect, regulating the skin's T cells. This medication, because it can affect functional development in late stages of pregnancy, is not recommended for pregnant women or those of childbearing age. And phototherapy uses ultraviolet (UV) light to reduce inflammation and ease itching.

Now, with the more recent approvals for systemic therapies for AD including abrocitinib, baricitinib, tralokinumab, and upadacitinib], recent studies have noted that these new interventions tend to be safer than the older treatments. Reported Kaitlyn Bader in the January 2023 issue of *Dermatology Times*, summarizing a study done on JAK inhibitors v older system therapies by Stefano Daniele, MD/PhD candidate, and Christopher Bunick, MD, PhD, "Overall, this study of malignancy incidence—non-NMSC, NMSC, MACE, and VTE—for upadacitinib and abrocitinib compared with traditional systemic agents (methotrexate, cyclosporine, and corticosteroids) demonstrated that the JAK inhibitors have equal or lower rates of AEs."

More discussions on these new systemic treatments to come at this year's RAD Conference, June 8-10, in Chicago, Illinois. Don't miss out!