Atopic Dermatitis with Hand Involvement

When Inflammation Becomes Visible: Understanding its Burden

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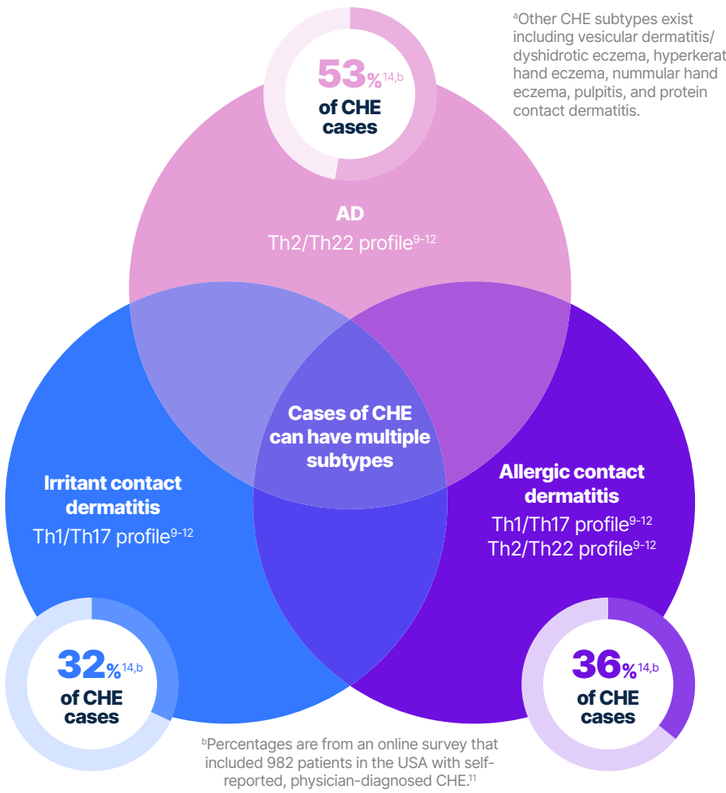
What is AD with Hand Involvement?

AD is a common, chronic, immune-mediated, inflammatory skin disease.[1,2] Hand involvement is present in up to **56% of patients with moderate-to-severe AD**, often located on the wrists and back of hands where environmental exposures are frequent.[3,4]

Adults with AD report **lower QoL scores** in life satisfaction, as well as physical and mental health, compared to individuals without AD, especially among those with moderate-to-severe AD. Patients frequently report head and neck, and hand involvement as the most burdensome aspects of their AD.[5-7]

AD with hand involvement imposes a significant burden on ability to work.[8] AD lesions, particularly in sensitive or visible areas, may lead to **patient discomfort, social isolation, loss of confidence, and difficulty finding work**, resulting in negatively impacted QoL.[3,7,8]

Patients with CHE may present with multiple subtypes, each with a distinct immune signature.[9-13,a]



[a]Other CHE subtypes exist including vesicular dermatitis/dyshidrotic eczema, hyperkeratotic hand eczema, nummular hand eczema, pulpitis, and protein contact dermatitis.

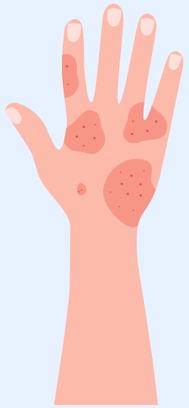
[b]Percentages are from an online survey that included 982 patients in the USA with self-reported, physician-diagnosed CHE.[11]

The Burden of AD with Hand Involvement

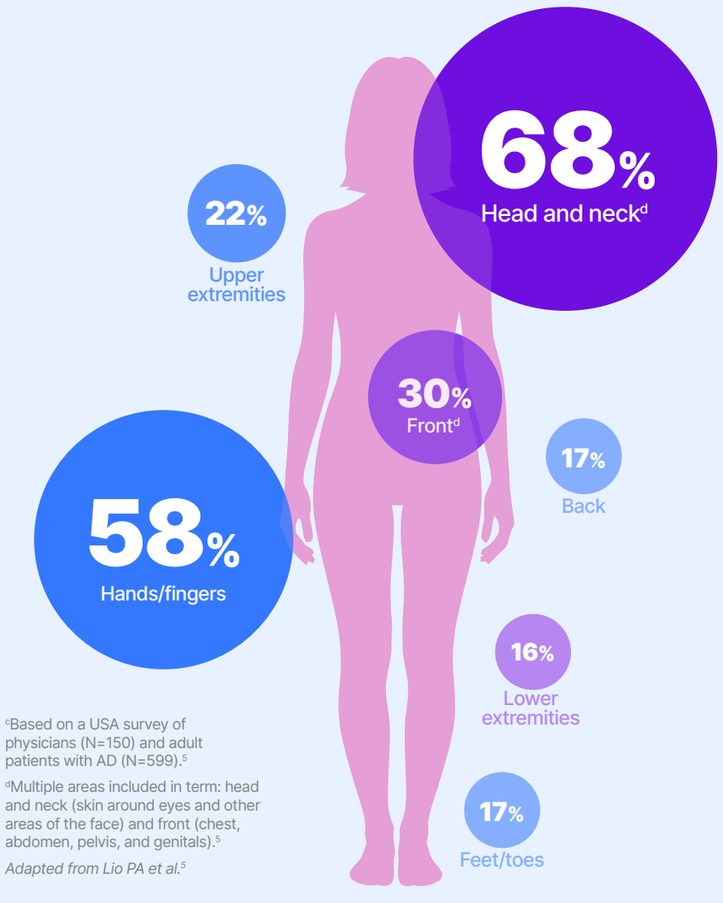
A cross-sectional study in patients with moderate-to-severe AD (n=541)[3] found that **56% of the cohort had AD with hand involvement**. Of these, around 44% of adults reported that AD with hand involvement had a **very large effect on their life**.[3]

Patients with moderate-to-severe AD involving the hands were **2.7-times more likely to experience greater disease severity** compared to those without hand involvement, with **higher scores on scales for itch impact on mood and sleep**.[3]

Adequate and timely management of AD is important, **particularly with hand involvement**, where disease is highly visible and may interfere with QoL, daily functioning, and work.[3,8]



58% of patients with hand involvement rated their hands/fingers as the most bothersome aspect of their AD[5,c]



[c]Based on a USA survey of physicians (N=150) and adult patients with AD (N=599).[5]

[d]Multiple areas included in term: head and neck (skin around eyes and other areas of the face) and front (chest, abdomen, pelvis, and genitals).[5]

Adapted from Lio PA et al.[5]

Treatment for AD with Hand Involvement

Challenges to the effective management of hand involvement in moderate-to-severe AD.

1. Accurate diagnosis: Moderate-to-severe AD with hand involvement may be mimicked by a number ofother conditions.[15]

2. Multiple triggers and exposure to contact allergens: Hands are often exposed to irritants, making trigger avoidance difficult.[3,16,17]

3. Limited topical treatment effectiveness: Thick palmar skin may limit topical medication absorption, and frequent hand washing may reduce medication contact time, necessitating repeated application and contributing to poor treatment adherence.[3]

Clinical presentation can vary, and some patients may benefit from **early specialist evaluation** and **individualised management planning**.[8] Appropriate management should be guided by **individual patient needs**, **clinical assessment**, and **relevant clinical guidelines**.[19]

While more progress is needed, guidelines and expert opinions reflect a shift toward **accounting for patient burden**, including the **impact of AD in sensitive/visible areas**, in treatment targets and decisions, mainly for sensitive visible high burden areas significantly impacting patient QoL.[18-20]

Conclusion/Key Learnings

Patients with AD in high-burden areas, such as the hands, experience particularly significant disease burden, with a **negative impact on patient QoL and functional impairment**.[3,7]

There is a need to further evaluate and understand why head, neck, and hand involvement in atopic dermatitis is particularly burdensome to patients compared with other body regions, focusing on the psychological and occupational impact of these high-burden areas.[21]

The need for tailored/personalised treatment should be guided by **disease severity** and patient profile.[21]

Decisions should be guided by **patient demographics, comorbidities, and individual patient factors** to support informed decision-making and clinical outcomes.[21]

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Abbreviations:

AAAAI: American Academy of Allergy, Asthma & Immunology; ACAAI: American College of Allergy, Asthma & Immunology; AD: atopic dermatitis; CHE: chronic hand eczema; IGA: Investigator Global Assessment; JAK: Janus kinase; QoL: quality of life; TCS: topical corticosteroid; Th: T-helper.