

EDITORIAL

Itch – Basic Science, Quality of Life and New Treatments

Acta Dermato-Venereologica (ADV) is the official journal of the International Forum for Studies of Itch (IFSI) and many leading researchers on itch are regularly publishing their scientific work in ADV. Over the years, this has helped to propel the impact factor of ADV to now latest 3.487. Importantly, several board members of IFSI are heavily involved in the editorial work at ADV, which guarantees a high scientific level of the review process for papers related to itch. We wish to highlight some of the work in this issue of ADV.

Although chronic itch is a common condition there are currently no standardised methods to measure itch. Itch is associated with common dermatoses such as non-atopic eczema, psoriasis, scabies, atopic dermatitis, and urticaria (discussed by Brenaut et al., p. 573–574). As itch is often associated with these dermatoses it is of great interest for physicians to assess the patients' health-related quality of life (HRQoL), defined as the functional effect of a disease as evaluated by the patient. This assessment is a useful tool to use in deciding which support measures to offer patients. When assessing quality of life, it is important to rely on more than just one parameter, as Ständer et al. reports (p. 509–514). In addition to itch intensity, factors such as current mood and stress play a role in how patients perceive their disease. There are currently several scales available for the assessment of itch intensity. The one most frequently used is the visual analogue scale (VAS), which is also used to assess pain, but also the verbal rating scale (VRS) and numerical rating scale (NRS) are used for itch assessment. Recent data have indicated that these 3 scales share a high degree of correlation as well as good reproducibility.

Psoriasis patients not only have to deal with variable degrees of itch, but also the social stigma of having lesions. Miniszewska et al. (p. 551–556) investigated HRQoL in psoriasis patients and examined several hypotheses. For example, that married or co-habiting older men with higher education report better HRQoL; that those who express higher levels of optimism find it easier to deal with their disease; and that less severe lesions and/or the shorter disease duration result in better quality of life. Interestingly, the authors found that HRQoL was neither associated with education level, civil status nor gender. Instead, age was the major factor determining HRQoL. Younger patients complained less of physical symptoms, such as itching or stinging of the skin. They also experienced fewer negative emotions resulting from their psoriasis, such as embarrassment, sleep disorders, or feeling lonely.

In a study by Dowlatshahi et al. (p. 544–550), the use of antidepressant drugs in psoriasis patients was examined during an 11-year period. They found a 2-fold

increase in psoriasis patients compared to healthy controls, which correlates to other studies from Germany and the UK. When the number of prescription drugs 6 months prior to the index date was adjusted for, the use of antidepressants was considerably decreased. This could be explained by the fact that patients with psoriasis seek medical advice more often, which equally increases their risk of diagnosis and treatment of other diseases, including depression. One theory that might explain the increased use of antidepressants in psoriasis patients is that psoriasis negatively affects the quality of life, thus resulting in depression.

So what are the treatment options for some of these common skin diseases? Childhood urticaria is treated primarily with second-generation H1-antihistamines (2ndGAH), as reported by Pite et al. (p. 500–508). 2nd-GAH have been shown to reduce urticaria as well as being safe to use by children as young as 1–2 years of age. First-generation H1-antihistamines are also regularly used in children, although it is discouraged due to the adverse effects, such as impairment of cognition and behavioural changes.

For skin conditions, such as seborrhoeic dermatitis and atopic dermatitis the standard treatment is corticosteroids, which have many side-effects, for example atrophy, striae and tachyphylaxis. Calcineurin inhibitors, on the other hand, have been found to be a safe treatment option. In two studies published in this issue, Kim et al. (p. 557–561) and Jensen et al. (p. 515–519) compare topical treatments for seborrhoeic dermatitis and atopic dermatitis, respectively. Kim et al. investigated the efficacy of the calcineurin inhibitor tacrolimus in treating seborrhoeic dermatitis and found that 0.1% tacrolimus applied once or twice weekly significantly reduced symptoms and had limited side-effects, such as burning and tingling sensations, which most patients found tolerable.

Patients with atopic dermatitis suffer from an epidermal barrier dysfunction. When comparing a calcineurin inhibitor (1% pimecrolimus, [PIM]) and a moderate strength corticosteroid (0.1% triamcinolone acetonide cream, [TA]), Jensen et al. found that the two creams differed in their effect on atopic dermatitis. TA reduced both lesion size and pruritus, while PIM increased the number of lamellar bodies, thus indicating that PIM is superior in repairing the skin barrier.

Together with the abstracts for the IFSI meeting in Boston 2013, published at the end of this issue, we are convinced that the cited articles will contribute to the advance and understanding of basic science and clinical management in the field of pruritus, all to the benefit of dermatological patients.

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