


How to Run a Hand Eczema Clinic

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Conflicts of interest

- Have given lectures at meetings sponsored by, or have participated in advisory board meetings for Sanofi, Leo Pharma, Pfizer, Abbvie, Eli-Lilly





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Hand eczema (HE): Setting the stage

- Frequent disease
- Often occupational (10-20%)
- Often chronic course
- Decreased QoL
- Young age at onset

Efficient treatment and prevention is needed...

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Who are the patients?

Data from 10 different European clinics
The EECDR group

Age Group	Males	Females
< 20	~5	~10
20-29	~25	~65
30-39	~35	~60
40-49	~35	~50
50-59	~40	~40
60-69	~15	~15
> 70	~5	~5

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Diagnosis/Classification

All patients deserve a diagnosis

- Contact dermatitis
 - Allergic
 - Irritant
- Contact urticaria
- Atopic hand eczema
- Endogenous hand eczema
 - Hyperkeratotic
 - Acute recurrent vesicular

The morphology does not always explain the etiology

Etiology	Number of Patients
ICD	~140
ACD	~100
Allergic	~50
Contact Urticaria	~20
Hyperkeratotic	~15
Vesicular	~10
Other	~10

Guidelines for diagnosis, prevention and treatment of hand eczema. Diegen T, et al. J Dtsch Dermatol Ges. 2015 Jan;13(1):e1-22.

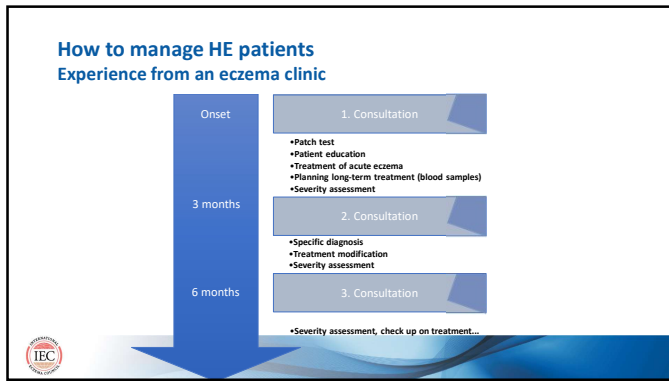
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Objectives for the medical consultation for HE patients

- Efficient medical work-up
- Treatment of the acute eczema
- Planning long-term treatment
- Patient education
 - Increase knowledge about skin care
 - Change of behaviour
- Preventive strategies

Work-up, treatment and prevention should be evidence-based....

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1. Consultation

Consider the multifactorial etiology of the disease

- Medical history (atopic dermatitis? psoriasis?)
- Exposure assessment

The slide includes an image of a mobile phone on the left and a close-up photograph of skin with eczema on the right. An IEC logo is in the bottom left corner.

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1. Consultation:

Patch test

- Baseline series
- Specific work-related series
 - datasheets
- Own products

Patch test should always be performed when the hand eczema has lasted for 3 months or more



The slide features two images: a patch test being applied to a hand and a close-up of a red, inflamed skin reaction. An IEC logo is in the bottom left corner.

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1. Consultation

Severity assessment

- QoL (dermatology life quality index (DLQI), based on questionnaire)
- HECSI (hand eczema severity score index), based on symptoms and area

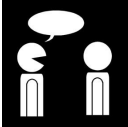



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1. Consultation:

Patient education

- 20-minute guided talk
- Advice on HE
 - Use of emollients
 - Substitution of hand wash with disinfectants
 - Use of gloves (and cotton gloves)
 - No finger rings
 - Advise on occupational exposures



iblec, K, Ghaoui C, Jemec G, Diepgen T, Thomsen SF, Agner T. BMJ. 2012 Dec 22;345:e1222





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1. Consultation

Treatment



- Instructions for how to use topical corticosteroids
 - Proactive treatment twice weekly
- Introduce tacrolimus or UV (when necessary)
- Prepare for systemic therapy (when necessary)

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2. Consultation


- Discussion of patch test results – take your time – determine relevance
- Oral and written information
- Durable small cards in plastic

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2. Consultation (3 months later)

- Subdiagnosis?
 - What can patients do themselves to optimize the situation
- Assessment of severity and QoL (improvement?)
- Optimize topical treatment or start systemic treatment




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2. Consultation. Treatment



- **Topical treatment:**
 - Topical corticosteroids
 - Calcineurin inhibitors
- **Physical treatment:**
 - UV therapy
- **Systemic treatment*:**
 - Alitretinoin (not in US)
 - Acitretin
 - Azathioprine
 - Methotrexate
 - Cyclosporine
 - Dupilumab

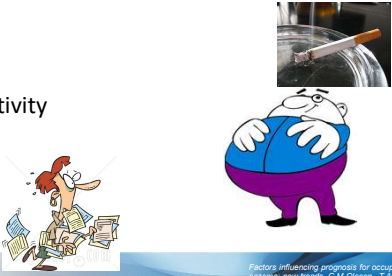
* Most systemic treatment traditionally used are not licensed for treatment of chronic HS




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Life style factors and hand eczema?

- Smoking
- Stress
- Physical activity





Factors influencing prognosis for occupational hand eczema: new trends. P.M. Elias, J. Agner, U.E. Ekholm, T.A. Clarke, In: J. Dermatology, 2019.



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3. Consultation (6 months after first visit)



- Follow up
- Assessment of severity and QoL
- Focus on treatment
 - Is the patient satisfied?
 - Is a change of therapy needed?
- Repeated patient education if necessary



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Conclusions

- Fixed programmes ensure that all patients are offered a full diagnostic work-up
- Follow-up with severity assessment and assessment of QoL as 'quality control'
- Patient education is important



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