

Talking points for author video on

Berruyer M, and Delaunay, J. Atopic dermatitis: a patient and dermatologist's perspective. *Dermatology and Therapy*. 2021. 10.1007/s13555-021-00497-w.

Target 400 words; current version 411

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My name is Juliette Delaunay, and I am a dermatologist in the University Hospital in Angers, France. I had the pleasure of co-authoring this perspective article with my patient Mylene Berruyer.

Mme Berruyer's clinical picture is quite typical of atopic dermatitis. She describes how the discomfort from the lesions on her face and hands affected her daily activities and sleep.

Since childhood, she has seen countless general practitioners and specialists, often receiving the same prescription without any clear explanation. She relates the various treatments she tried—including self-medication, home remedies, and even hypnotism—and her frustration in realising that as soon as she stops, the eczema tends to come back. When she finally consulted me, the disease has been evolving for many years.

Atopic dermatitis is a chronic disease with a complex pathophysiology with two key factors: alteration of the cutaneous barrier and disturbance of the innate and adaptive immune systems. The signs and symptoms vary widely.

When I first met Mme Berruyer in consultation, she presented with severe atopic dermatitis. Topical corticosteroids were clearly not effective, even though they were being applied correctly, and so I initiated ciclosporin, to achieve a rapid improvement. She responded very well: 75% regression of lesions within a month, and a dramatic impact on her quality of life and mood. The next step will be to gradually decrease ciclosporin, due to renal side effects, and introduce dupilumab for a long-term action.

[Show Box 1]

One lesson from the discussions with Mme Berruyer in preparing this paper is the importance of a good patient-physician relationship for successful management of atopic dermatitis. Building on confidence and empathy, the physician should consider the patient's expectations and treatment objectives, and tailor the treatment to comorbidities, patient preference and lifestyle.

I always take the time to inform a new patient about the pathophysiology of atopic dermatitis and explain the principles of topical management, specifically how to apply the creams and optimise their effect. I believe that patient education should always be an adjunct to conventional therapy and can be done through educational programs, video training or nurse-led workshops.

[Close Box 1]

To sum up, this article describes a very typical atopic dermatitis patient. The risk of not managing these patients properly is that they may drop out of the healthcare system and seek alternatives; reintegrating those that do should be a priority. These patients may be given the opportunity to benefit from the new systemic therapies for this chronic disease.