

CLINICAL EFFICACY OF EMOLLIENTS IN ATOPIC DERMATITIS PATIENTS: LONG-LASTING EFFICACY.

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INTRODUCTION

Atopic dermatitis (AD) is a chronic inflammatory skin disorder that involves alteration of skin physical barrier, microbiome and immune system. It affects children and adults with a substantial impact on quality of life (QoL). Emollients are the baseline therapy for any severity of AD with emollient "plus" being emollients with active ingredients to maintain healthy skin microbiome. The main objective was to evaluate the efficacy of an emollient "plus" containing Aqua Posae filiformis, Microresyl, LRP Thermal Spring Water, Shea Butter and Niacinamide to improve AD after 1 month and maintain the improvement for 5 additional months.

MATERIAL & METHODS

The monocentric, open label study conducted with 56 subjects (45% children ≥ 3 years old (YO); 55% adults) having mild AD under dermatological control. All subjects were treated twice daily for 6 months with the emollient "plus" as monotherapy. The evaluation of the efficacy of the emollient "plus" was based on the SCORing Atopic Dermatitis (SCORAD) reduction during the acute phase (assessed at D28) and the SCORAD maintenance during the following 5 months (assessed at D84 and D168). Additionally, impact of AD on QoL was evaluated through a DLQI and CDLQI questionnaire.

RESULTS

At D28, the average SCORAD was 40% lower compared to baseline (D0: 15.29; D28 9.11; $p < 0.001$). During the maintenance phase, the average SCORAD at Day 84 and D168 was respectively reduced by 8% and 17% compared to Day 28 (D84: 8.37; D168: 7.52; $p < 0.05$) (Figure 1).

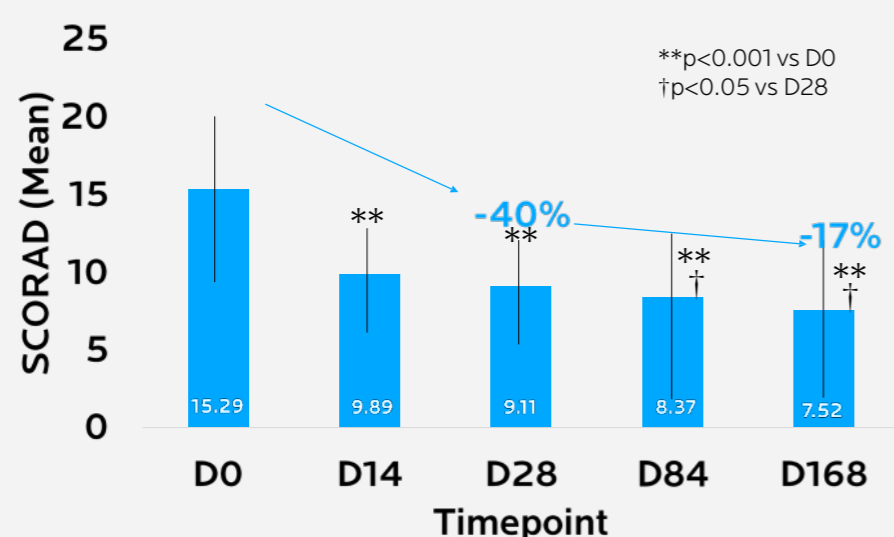


Figure 1: SCORAD, Error bars: 95% CI; % improvement

During the study period (6 months) was observed the reduction of the quantity, intensity and number of the subjects that reporting the flares (-32%, -21%, -57%, respectively), reinforcing the long-lasting efficacy of the emollient "plus" (Figure 3).

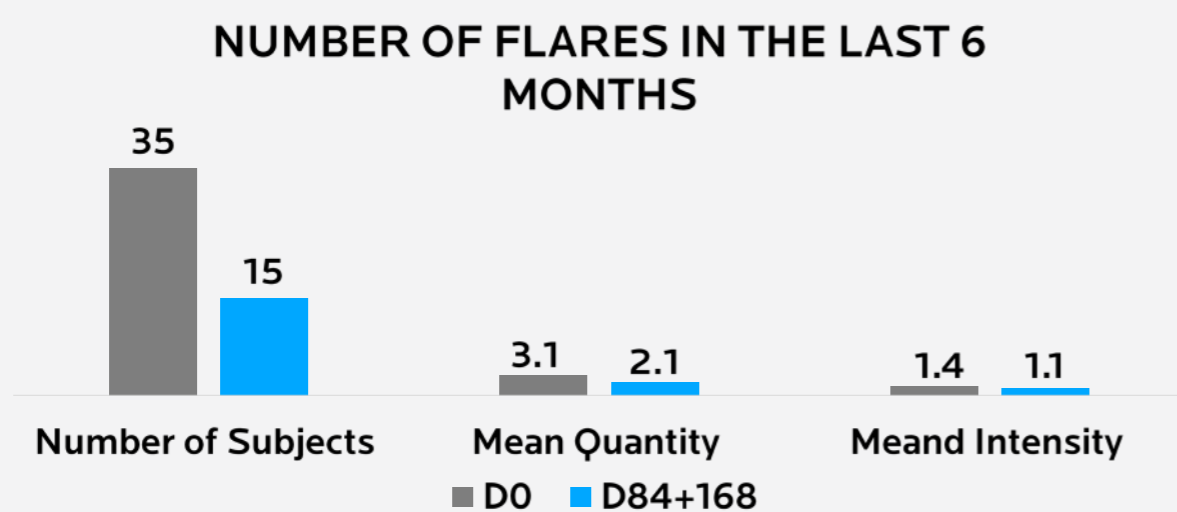


Figure 2: SCORAD, Error bars: 95% CI; % improvement

The continuous use of the emollient "plus" improved 90% of the adults and 84% of the children QoL scores by the end of the study (Adults: D0: 6.6; D168: 0.7; Children: D0: 5.3; D168: 0.8; $p < 0.001$).

Table 1: Evolution across time for DLQI and CDLQI

Parameter	Timepoint	N	Mean	SD	% Variation	p - value (Significance)
DLQI	D0	31	6.6 Moderate	5.8		
	D14	31	1.5 Small impact	2.9	-77.7	<0.001 (S)
	D28	31	0.8 No impact	1.7	-87.4	<0.001 (S)
	D84	28	0.7 No impact	1.6	-89.3	<0.001 (S)
	D168	31	0.7 No impact	1.2	-89.8	<0.001 (S)
CDLQI	D0	25	5.3 Small impact	4.6		
	D14	25	2.8 Small impact	3.7	-48.1	<0.001 (S)
	D28	25	2.6 Small impact	3.7	-51.9	<0.001 (S)
	D84	22	1.7 Small impact	3.8	-67.5	<0.001 (S)
	D168	25	0.8 No impact	1.2	-84.2	<0.001 (S)



Figure 3: Subject #045 in D0, D28 and D168 representing the average case

DISCUSSION

This study highlights the short and long-lasting efficacy of emollient "plus" containing *Aqua Posae filiformis*, Microresyl, LRP Thermal Spring Water, Shea Butter and Niacinamide for managing mild AD.

Funding



Reference:

Luger, Thomas, et al. "Atopic dermatitis: Role of the skin barrier, environment, microbiome, and therapeutic agents." *Journal of dermatological science* 102.3 (2021): 142-157.
 Seité, Sophie, Hana Zelenkova, and Richard Martin. "Clinical efficacy of emollients in atopic dermatitis patients—relationship with the skin microbiota modification." *Clinical, cosmetic and investigational dermatology* (2017): 25-33.