

Correspondence

Improving care for young children with atopic dermatitis

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Improving the knowledge of primary healthcare workers about atopic dermatitis (AD) and its treatment should be the main focus of research and clinical care into this disease. AD is relatively common in young children. Treatment, which mainly consists of daily use of emollients to keep the skin soft and intermittent use of topical corticosteroids (TCS) during flare-ups, is relatively simple and effective in the vast majority of patients.¹ Schedules with information on when to intensify and how to taper TCS are easily available.

Despite this, many children still have uncontrolled AD, which has a huge impact on the quality of life of both child and family. For example, itching leads to sleepless nights, difficulties in concentration and missing school or (for parents) work. Uncontrolled disease is caused by undertreatment and lack of implementation of simple self-care measures such as limited bathing or use of harsh soaps.

An important factor for undertreatment is corticophobia, which is defined as the irrational fear of adverse effects of TCS. Corticophobia is widespread not only in parents, but also among primary healthcare practitioners (HCPs) who are involved in the care of young children, such as general practitioners, well-baby clinic nurses and physicians, pharmacy assistants and pharmacists. Many of these HCPs experience corticophobia at the same level as parents.^{2–4} Their concerns and worries influence their patient counselling, with remarks such as ‘stop topical corticosteroid use as soon as possible’ or ‘apply as little and as thinly as possible’, which undermine the information given by medical specialists such as dermatologists and paediatricians. After consulting a medical specialist for AD, typically once or twice, parents of young children will encounter these primary HCPs more often. In the well-baby clinic, they will see nurses monthly, and they will regularly meet pharmacy assistants when collecting prescriptions for TCS.

We believe that many children with AD needlessly suffer itching, bleeding and discomfort as a result of induced corticophobia. To improve the care for children with AD, it is therefore paramount that all HCPs involved in the care of young children should learn about the treatment

of AD and the burden of undertreatment. Moreover, we believe that intensive cooperation of medical specialists with these HCPs in primary care will help and support parents in caring for their child.

Dermatologists and paediatricians should take the lead and start initiatives to educate other HCPs and build partnerships with them. Scientific research to optimize this process should be encouraged. Best practice should be shared widely.

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A snapshot into reviewer's work; what is the best way to credit them?

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We read with great interest the recent article by Ahmed in *Clinical and Experimental Dermatology (CED)* discussing

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