

Current status of atopic dermatitis in Australia

Organization of Care in AD Meeting
26 November 20212

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@ Murdoch Children's Research Institute, 2017

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Atopic dermatitis in Australia



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Health in Australia



Just over 25 million people live in Australia



1 in 30 (3.3%) identify as Aboriginal and/or Torres Strait Islander



more than 1 in 4 (26%) are born overseas



around 1 in 5 (18%) have disability



7 in 10 (71%) live in *Major cities*



more than 3 in 5 (62%) aged 15 and over are employed

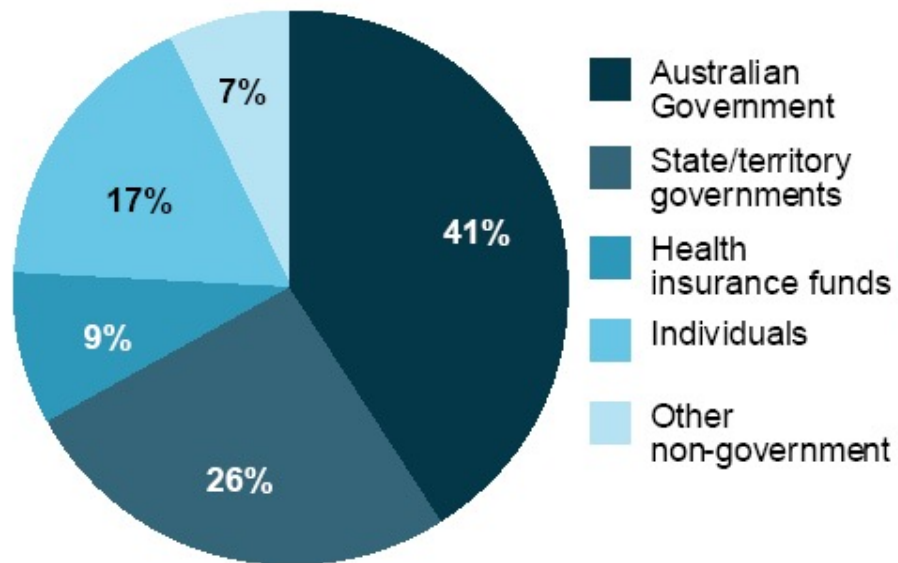


2 in 3 (66%) aged 20–64 hold a non-school qualification and about 1 in 3 (31%) have a bachelor degree or higher qualification

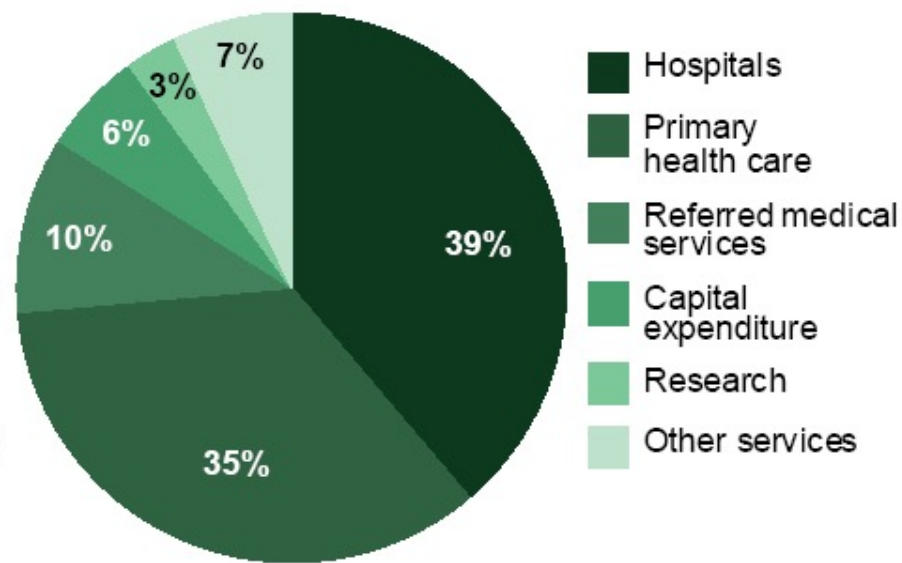
Who pays for health services?

Who funds health services and where does the money go?

Source of funds



Area of expenditure



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Melbourne, Australia - about us



- Eastern Health, Box Hill & Monash Children's, Clayton, Melbourne
- Eastern & Southern Melbourne, mixed adult and pediatric hospitals

- Royal Children's Hospital, Melbourne
- Murdoch Children's Research Institute
- Pediatric dermatology: 12 part-time derms, 4 Nurse Practitioners, 3 RNs



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Steroid phobia and misinformation

- Smith SD, Stephens AM, Werren JC, Fischer GO. Treatment failure in atopic dermatitis as a result of **parental health belief**. *Med J Aust*. 2013;199(7):467-469.
- Smith SD, Hong E, Fearn S, Blaszczyński A, Fischer G. Corticosteroid phobia and other confounders in the treatment of childhood atopic dermatitis explored using **parent focus groups**. *Australas J Dermatol*. 2010;51(3):168-174.
- Smith SD, Farrugia LL, Harris V, et al. Evaluation of the **influence of family and friends, and the Internet** on patient perceptions of long-term topical corticosteroid use [published correction appears in *J Dermatolog Treat*. 2017] *J Dermatolog Treat*. 2017;28(7):642-646.
- Smith SD, Lee A, Blaszczyński A, Fischer G. Pharmacists' knowledge about use of topical corticosteroids in atopic dermatitis: **Pre and post continuing professional development** education. *Australas J Dermatol*. 2016;57(3):199-204.
- Smith SD, Harris V, Lee A, Blaszczyński A, Fischer G. **General practitioners** knowledge about use of topical corticosteroids in paediatric atopic dermatitis in Australia. *Aust Fam Physician*. 2017;46(5):335-340.

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Saxon Smith



Gayle Fisher

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1. Online & print materials

Kid's health info website (for patients, carers & HCP)

- Knowing your child's eczema (online booklet)
- Eczema management plans
- Formula for an eczema bleach bath
- Wet dressings in eczema

Video on wet dressings (Monash Health, 2013)



Prof George Varigos

Wet dressings for eczema

How wet dressings help eczema



- Wet dressings help to reduce itch by cooling the skin. The itch is worse when the skin is hot and inflamed.
- Wet dressings help with the treatment of infection, as they help to clean the skin's surface.
- Applying moisturiser under the wet dressings helps to rehydrate the skin.
- Wet dressings protect the skin from scratching, and help the skin to heal.
- Wet dressings help to develop a good sleep pattern for the child and their family.

Getting started



You will need:

- Bowl
- Tapid water
- Bath oil
- Cortisone or anti-inflammatory cream (prescribed)
- Moisturiser
- Elasticated tubular bandages
- Disposable towels

Setting up



- Wash your hands.
- Measure the lengths of elastically tubular bandages needed.
- For arms: measure from top of the shoulder to tips of fingers and add approximately 5 cm. Four lengths are needed (two for each arm).
- For legs: measure from thigh to tips of toes and add approximately 5 cm. Four lengths are needed (two for each leg).
- For body: measure from top of neck to base of bottom. Cut out armholes. Two lengths are needed.
- Fill bowl with tepid water.
- Add one capful of bath oil and two arm lengths, two leg lengths and one body length of the elastically tubular bandages to the bowl.
- Spoon cream on onto a dry towel.

Applying the creams



- Apply cortisone or anti-inflammatory creams, as prescribed, to all areas affected with eczema.
- Apply moisturiser over the cortisone ointments and to the whole of the body and face.

Applying the wet dressings



- Squeeze out the elastically tubular bandage and apply to the body when warm and wet.
- Apply the dry elastically tubular bandages as a second layer.
- Dry clothes can be worn over the top.
- Alternatively for the trunk, apply a wet t-shirt or singlet. This can be repeated as often as needed and a dry t-shirt can be applied over the top.

Cool compressing



- Cool compressing is a wet dressing for the face.
- Wet disposable towels in a bowl of cool water and bath oil.
- Hold the towels on to the face for 5-10 minutes.
- Apply moisturiser immediately after compressing.
- Cool compressing should be applied as often as needed until the itch is relieved.
- Wet disposable towels can be applied to the neck as a scarf (only knot once), and as a wet bandana to the head.
- The scarf and bandana should be applied only under supervision and not at bedtime.

Important information about wet dressings



- Wet dressings are best applied at night, however they can be used during the day if the eczema is severe.
- Wet dressings will dry after a few hours. Do not leave the dressings on dry (unless your child is sleeping) as dry dressings can irritate the skin by causing it to become hot, dry and itchy.
- Elasticated tubular bandages can be washed in the washing machine in a delicates bag. You will need two sets of elastically tubular bandages.
- Do not wash or reuse disposable towels.
- Do not use antiseptic bath oils in the wet dressings as these may irritate or burn your child's skin.

When to use wet dressings

- Wet dressings play an important role in the treatment of eczema.
- Wet dressings should be used when your child is hot and itchy and if they wake at night due to the itch.
- Your child may also need a wet dressing if there is blood on the cheeks or if the eczema is still present despite treatment with cortisone ointments, moisturisers and bath oils.
- Early use of wet dressings will reduce the amount of cortisone creams needed to control the eczema.
- Parents and children who have used wet dressings generally express great satisfaction with the technique and many have found them to be life changing.

For all enquiries contact the Dermatology department, The Royal Children's Hospital. Website: www.rch.org.au/derm
Production costs supported by Tuberfast™ 3-WAY STRETCH™ by Mollipoke Health Care

The Royal Children's Hospital Melbourne

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2. Weekly group education (RCH)

Late 1990s

- Monday morning attached to general pediatric dermatology clinic
- 10-20 families
- Group education given by nurse practitioner (or pediatric nurse)
- Includes lecture and practical presentation of cream application and wet dressings
- Patient subsequently seen by dermatology trainee and dermatologist



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3. Nurse led workshops (RCH)

Australasian Journal of Dermatology (2009) 50, 100–106

doi: 10.1111/j.1440-0960.2009.00515.x

RESEARCH PAPER

Eczema workshops reduce severity of childhood atopic eczema

Elizabeth J Moore,^{1,2} Allison Williams,² Elizabeth Manias,² George Varigos^{1,5} and Susan Donath^{2,4}

¹Department of Dermatology, The Royal Children's Hospital, ²School of Nursing and Social Work, The University of Melbourne, ³Department of Dermatology, The Royal Melbourne Hospital, ⁴Clinical Epidemiology and Biostatistics Unit, Murdoch Children's Research Institute, Melbourne, Victoria, Australia

- 4-5 half day workshops per week
- 6 patients per workshop
- Run by Nurse practitioner +/- 1 nurse consultant & dermatology registrar
- 1) Assessment 2) Lecture 3) Practical demonstration
- Average consultation time for new patient 90 minutes (cf 45 minutes in clinic)
- 2006 Victorian Public Healthcare awards
- 2008 HARP eczema project allowed development of 3 satellite clinics in the community



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Outcome (RCH)

2000s

- Closer rapport and supervision than normal clinics.
- High perceived relevance and utility (SCORAD, DLQI) from patient experience 4.5/5 (n=115)
- RCH emergency attendances for eczema reduced
- Significant resource investment - ?time and cost effective
- Overall no notable change in dermatology waiting list or number of referrals (2006 - 2016)

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4. Early attempts at HCP education - Medical

2000s

Attempts at General Practitioner education - models tried at RCH

- HARP community nurse led workshops have improved local care with fewer referrals
- GP attachments to dermatology clinics (n=46) - lectures followed by 4 hour clinical attachment - unsustainable
- Paediatric trainee attachments = approximately 4/year
- GP seminars

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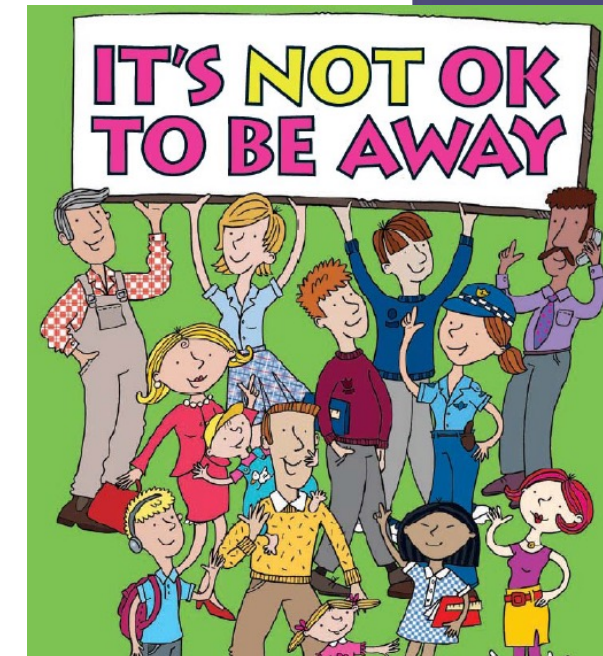
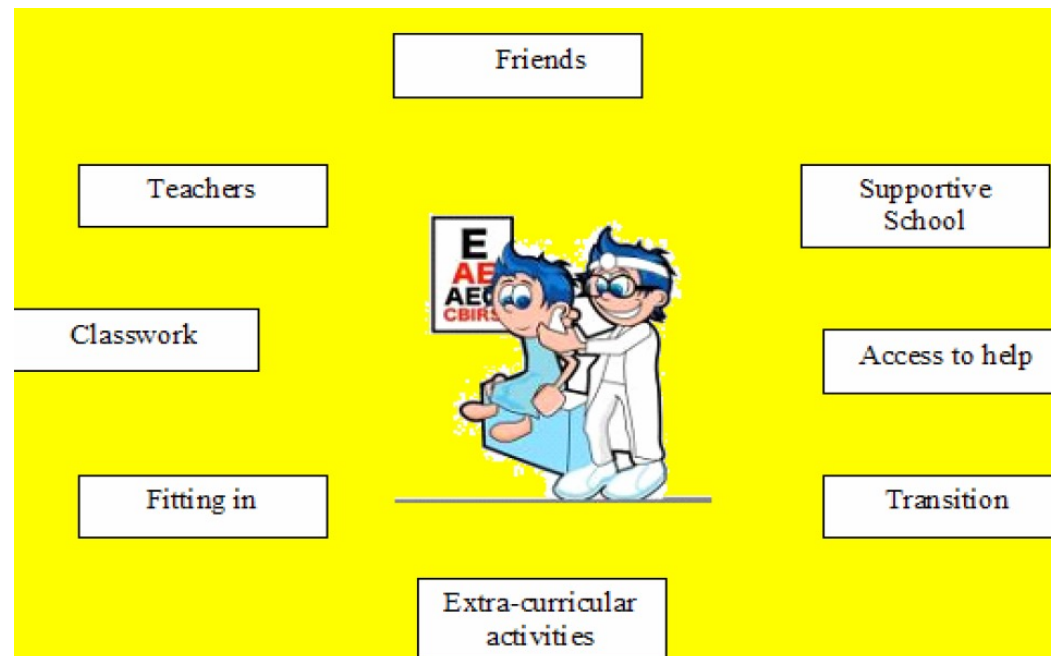
5. Cross-disciplinary issues - unmet needs in both purely nurse-led and traditional dermatology clinic patient education (RCH)

2010

- Education institute (schooling)

Areas where structured patient education is important

- Psychology
- Nutrition
- Allergy
- Development
- Ophthalmology
- Endocrinology-



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Unless physician and patient both address the same concern and the patient can repeat the appropriate/desired response to him/herself, education has not been effective

6. TPE - Evening eczema school (EH)

2017 -

- First run In 2017
- Indebted to the work of OPENED and Fondation Eczema
- 4-5 sessions / year, not age-specific
- 2 parts (1) Nursing education - as for group education and nurse led workshops
(2) Guest speaker(s) - topics of particular interest
- Caters for both new and existing patients / families as well as interested general public
- Volunteer medical student helpers / baby sitters
- Topics include
 - a) what is AD, standard of care
 - b) allergy and eczema / diet
 - c) psychological impact of eczema & parenting
 - d) eczema support groups
 - e) 'creams': what is available, distinctions, and compounding
 - f) new therapies/ clinical trials etc. etc.
- As well as one off attendees, many families keen for ongoing participation in the group.



Prof Jean-Francois Stalder



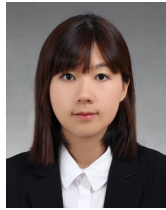
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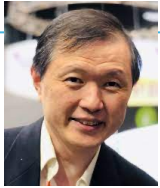
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Eczema education team



Minhee Kim



John Su



Anousha Yazdabadi



Lena Ly



Dean Tey



Pei Ying Loo



Campbell Paul



Marie Yap



Jonathan Ruddle

Dr John Su
Dr Minhee Kim
Dr Anousha Yazdabadi
Dr Lena Ly

Dr Dean Tey
Dr Pei Ying Loo
Dr Jonathan Ruddle
A/Prof Campbell Paul
A/Prof Marie Yap
Ms Vicki McWilliam
Ms Emily Robertson

Ms Liz Leins
Ms Michelle O'Dea

Mr Joseph Tesoriero
Drs Anthony
Honigman, Arthur Yim,
Carlo Russo, Neda So



Liz Leins



Joseph Tesoriero



Ms Vicki McWilliam

Emily Robertson



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Eczema education team

Dr John Su
Dr Minhee Kim
Dr Anousha Yazdabadi
Dr Lena Ly

Ms Liz Leins
Ms Michelle O'Dea

Dr Dean Tey
Dr Pei Ying Loo
Dr Jonathan Ruddle
A/Prof Campbell Paul
A/Prof Marie Yap

Mr Joseph Tesoriero
Drs Anthony
Honigman, Arthur
Yim, Carlo Russo,
Neda So



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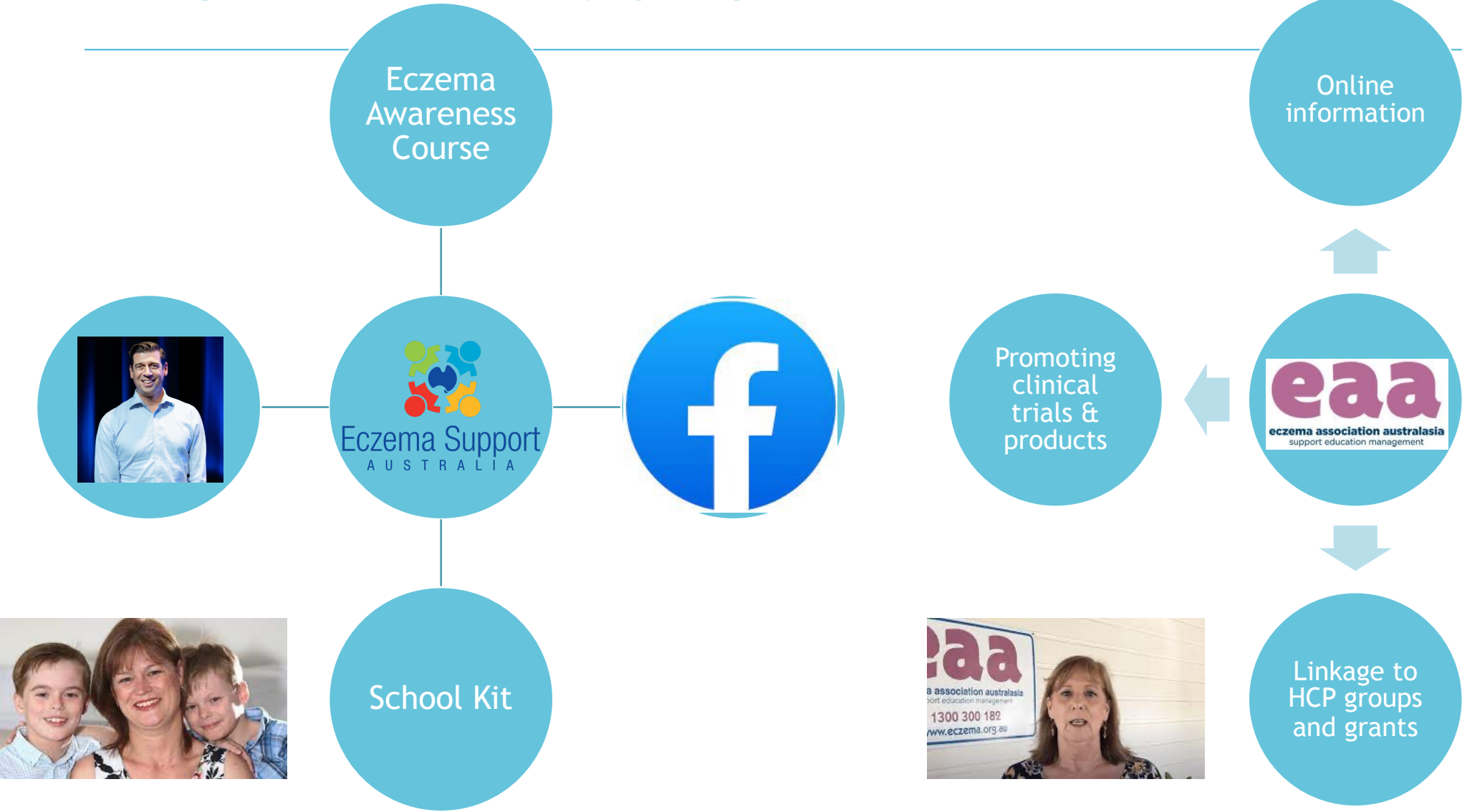
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Liz Leins

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Eczema patient advocacy groups: EAA and ESA



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eczema
quarterly

Young people with atopic eczema and transition to adulthood

Teenagers' Awkward Questions Answered

9 Ways Eczema Affects Your Skin in Spring

How to Boost your Immune System

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ISAD

7. Annual eczema day for dermatologists & health care professionals

2019 -

- First run in 2019
- Precedes the Annual Scientific Meeting of the ACD
- 6 major topics with guest experts
- Open to all HCP and interested persons



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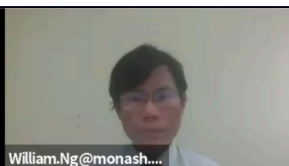
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8 Going virtual

Overview

Presentations:

- Topical therapies (Dr Louis Chan)
- Safety of topical therapies (Dr William Ng)
- Emerging treatments (Dr Laxmi Iyengar)



86% of households have internet access



88% of people aged 18–75 own or have access to a smartphone



78% of adults use the internet to find health-related information

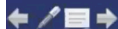


96% of GPs use computers for clinical purposes



23% of Australians had a My Health Record in March 2018—by the end of 2018, all Australians will have a My Health Record unless they opt out

easternhealth



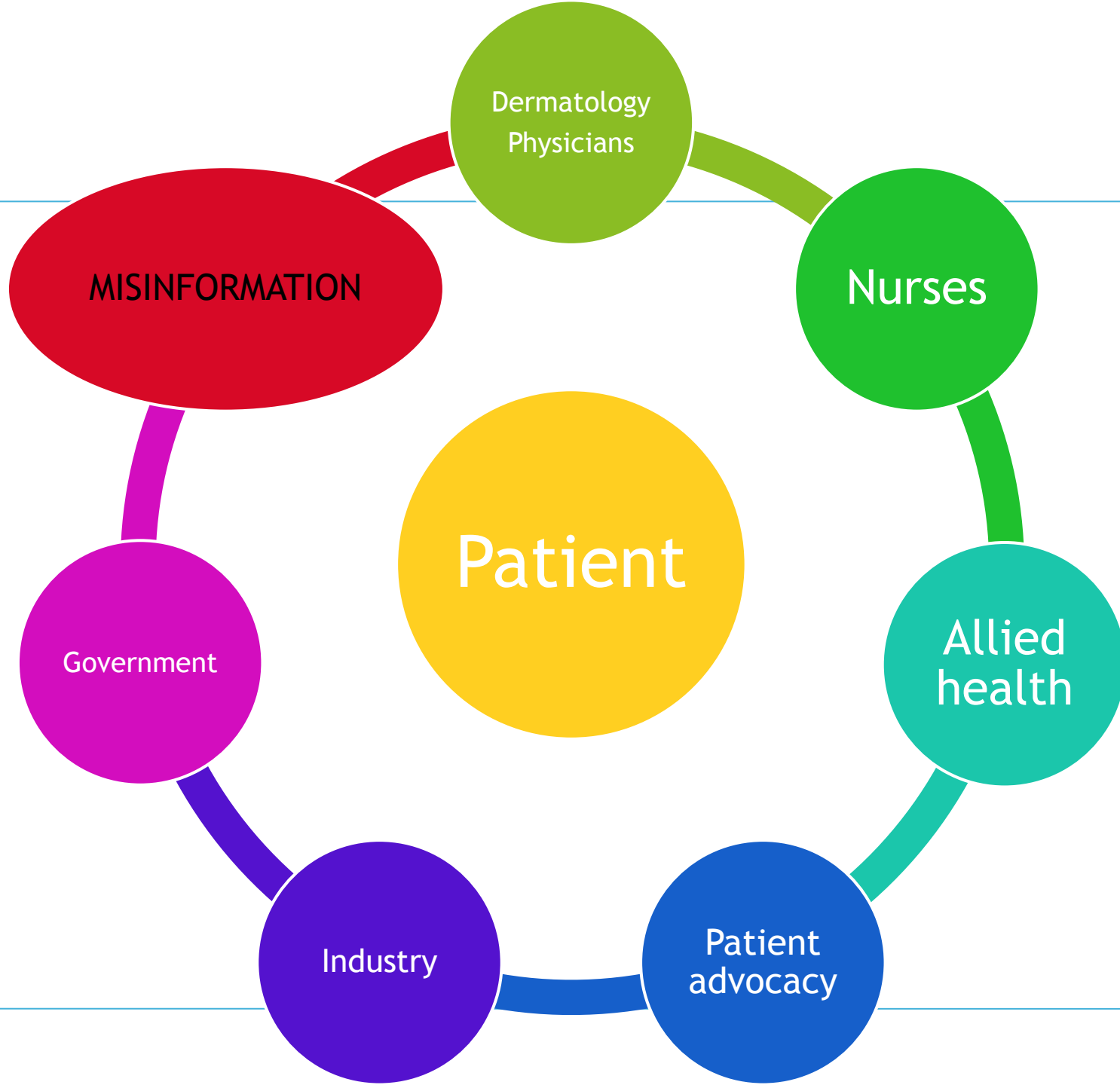
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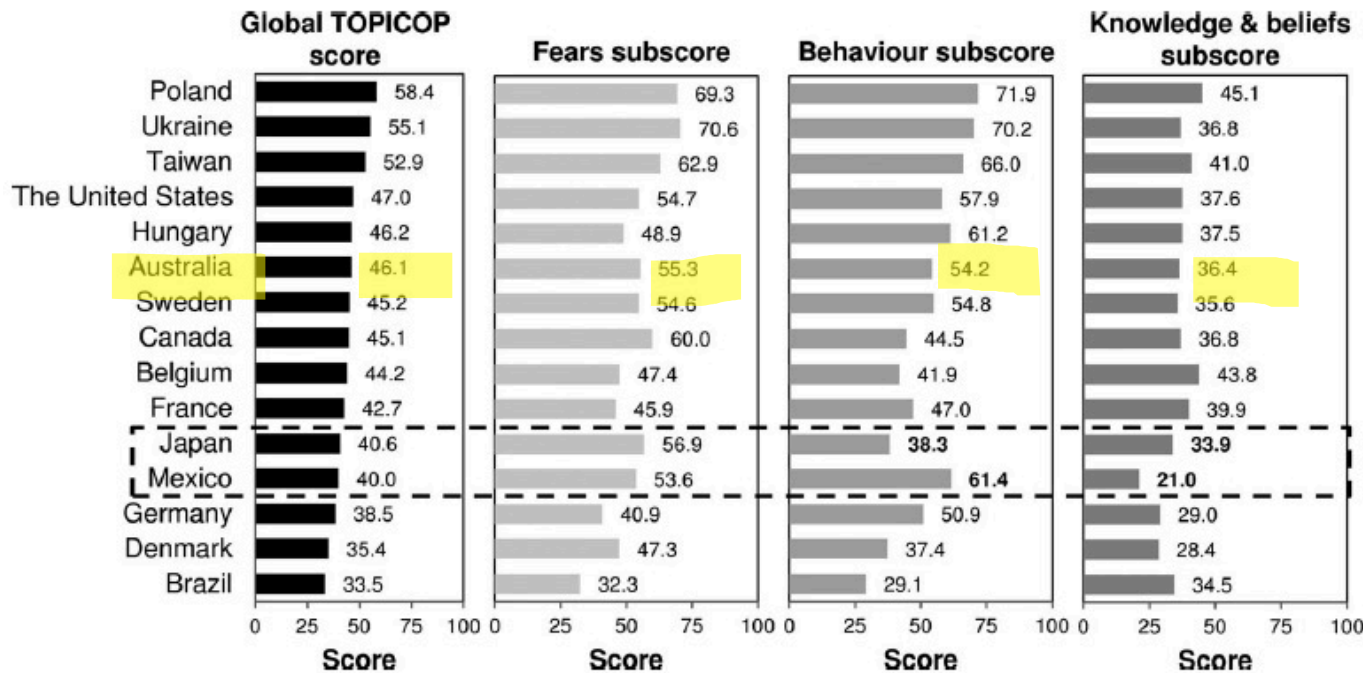
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TCS phobia in Australia



THE AUSTRALASIAN COLLEGE
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The Australasian College of Dermatologists Consensus Statement

Topical corticosteroids in paediatric eczema

Purpose: to provide recommendations on the safe and effective use of topical corticosteroids in paediatric eczema

Audience: Health professionals

Acknowledgement: This statement has been adapted from Mooney E, et al. *Adverse effects of topical corticosteroids in paediatric eczema: Australasian consensus statement.* Aust J Dermatol. 2015 Nov;56(4):241-51 by The Australasian College of Dermatologists with permission from the authors.

Endorsement: This consensus statement has been reviewed and approved by the ACD Board of Directors.

Disclaimer: This consensus statement reflects the general views of The Australasian College of Dermatologists at the date of release and may be subject to amendment to reflect emerging clinical and scientific evidence. This information provides educational information and is not intended as a substitute for individual patient assessment. Practitioners are advised to interpret and apply recommendations according to the needs and circumstances of each patient.

First endorsed by ACD: Feb 2017
Current: Feb 2017
Review due: Feb 2019

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Compared with non-Indigenous Australians, Indigenous Australians are also:


 **2.9 times** as likely to have long-term ear or hearing problems among children

 **2.7 times** as likely to smoke

 **2.7 times** as likely to experience high or very high levels of psychological distress

 **2.1 times** as likely to die before their fifth birthday

 **1.9 times** as likely to be born with low birthweight

 **1.7 times** as likely to have a disability or restrictive long-term health condition

Health outcomes



There has been a significant decline in child mortality rates (aged 0–4), from 217 deaths per 100,000 Indigenous children in 1998 to 140 deaths per 100,000 in 2016.



Between 2005–2007 and 2010–2012, the gap in life expectancy at birth between Indigenous and non-Indigenous Australians decreased from 11.4 to 10.6 years for males, and from 9.6 to 9.5 years for females.



Proportion of people with selected health risk factors



Current daily smoker



Overweight or obese



No/low levels of exercise



Lifetime risky drinking



High blood pressure

	Current daily smoker	Overweight or obese	No/low levels of exercise	Lifetime risky drinking	High blood pressure
Major cities	13%	61%	64%	15%	22%
Inner regional	18%	67%	69%	18%	24%
Outer regional/Remote	22%	68%	72%	24%	22%

How people with disability rate their health

People with disability



People without disability



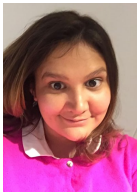
■ Poor ■ Fair ■ Good ■ Very good ■ Excellent

9. Rural eczema education

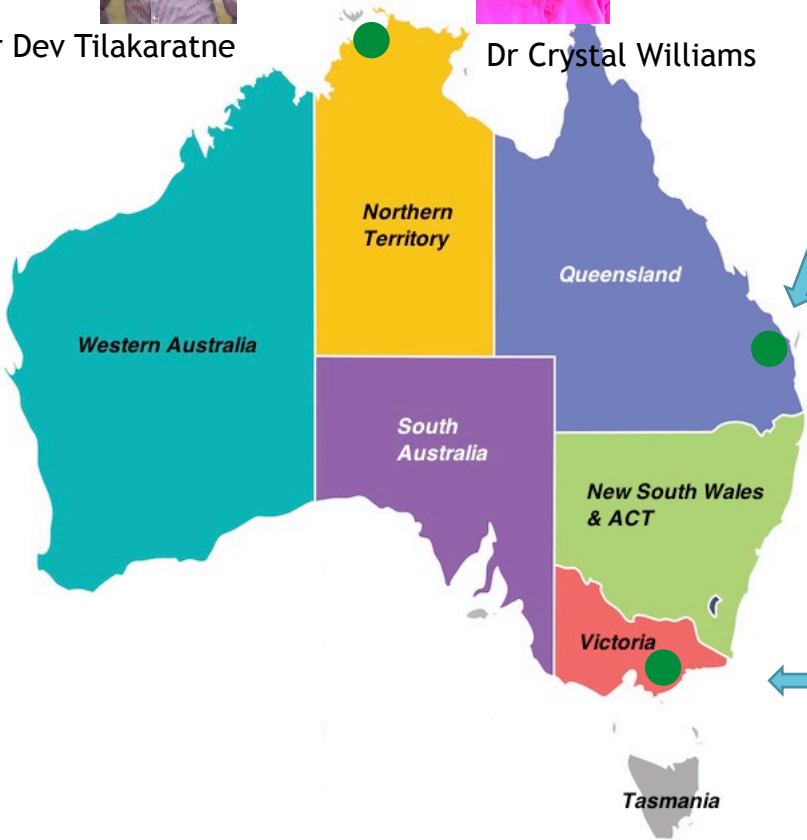
2020 -



Dr Dev Tilakaratne



Dr Crystal Williams



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Dr Jim Muir

Mountain Views
Star Mail
Tuesday, 29 June, 2021

Bowling down a milestone
Warburton housing squeeze
Footy's sister act
PROPERTY GUIDE

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Healthcare boost

By JED LAYTON
Healesville Hospital now boasts a dermatology clinic service in boost for public healthcare for the Yarra Valley.
Eastern Health received funding to provide the service to ease residents in a bid to ease expensive and limited dermatology services.
For Healesville resident Ashley Groomer, it means he no longer has to travel to Box Hill to see his dermatologist to manage and medicate his skin conditions.
Mr Groomer was treated for cancer some years ago and still requires weekly dressings to his foot after developing a skin condition from his treatment, as well as receiving a check-up every six weeks.
Mr Groomer shared how grateful he is to be able to use the service, which has been in operation for about a month.
"There's the obvious benefit of the simple convenience of it. But in my case, when you're covered in blisters and you're not feeling terribly well, not having to drive all the way into Box Hill is a great blessing.
"Box Hill is a very large hospital. And when you're not feeling well and you're in a totally unfamiliar environment, it's really quite daunting.
"Then you've got to get through the process of getting back home again. It's hard enough if you have to drive, but I can't imagine what it'd be like having to catch public transport.
Dermatologist Dr John Su has been working from the Healesville clinic.
"Currently there aren't any services for dermatology closer than Box Hill, so to navigate one's way there does take a lot of time and a lot of people who have gone there have made the comment that it's quite stressful."

Continued page 3

Dermatologist Dr John Su and Healesville resident Ashley Groomer with Eastern Health staff at Healesville Hospital. Picture: JED LAYTON

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Rural eczema education



Australian College of
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Dr Jim Muir

2022 - Dr Crystal Williams Prof Richard Chenhall



Dr Dev Tilakaratne



Prof Sharon Goldfeld



ISAD Profs Schmid-Grendelmeier, Takaoka, Taïeb and colleagues, JEADV 33(11):2019-28



Prof Hugh Taylor

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Working together on AD education

Sharing of expertise

- Program designs
- Models for pedagogy
- Development and sharing of educational resources to minimize reduplication
- Linking regional communities and networks (patient care and education, patient advocacy, patient involvement in research, information dissemination and outreach)



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Thank you