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Letter to the Editor

Habitual scratching amplifies and perpetuates atopic dermatitis

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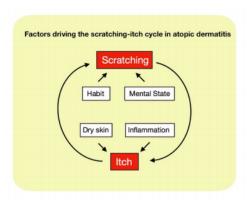
Conflicts of interest: none to declare.

Linked article Gouin O, Misery L Br J Dermatol 2020; 182: 14-15

Dear Editor,

We were fascinated and heartened to read this very helpful commentary1 on the study by Redhu et al2 who describe some precise physico-biological pathways that link skin barrier disruption to itch in atopic dermatitis (AD). This may well explain how curtailing scratching in AD with the simple behavioural technique of habit reversal can so dramatically improve the condition3.

It is important to note that scratching in AD over time often becomes not only a response to itch, but also to both habit and mental state [see figure].



When this becomes the case, management of AD will be less than satisfactory, as scratching continues - unless all the factors driving the behaviour are adequately addressed. It was for this reason that one of us [PN] studied the effectiveness of habit reversal for habitual scratching, in combination with optimal topical treatment, for the treatment of atopic eczema in adults4 and together with two others [RS, CB] introduced this Combined Approach5 into clinical practice.

The approach can be offered in clinic by medical and nurse practitioners, in both secondary and primary care, and is available in a self-help format. It has also been demonstrated to be effective in children6. An annual workshop for practitioners interested in learning the approach is run by the University of Hertfordshire.

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Perhaps their revealing observations1 will wake up the dermatological world to the central role of habitual SCRATCHING in amplifying and perpetuating AD.

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3 Tsakok T, Roberts E, Bridgett C et al. The effectiveness of habit reversal on treatment outcome and quality of life in patients with chronic eczema: a prospective observational study in the United Kingdom. B J Dermatol 2017; 117(2): 554-556.

4 Norén P, Melin L. The effect of combined topical steroids and habit-reversal treatment in patients with atopic dermatitis. B J Dermatol 1989; 121(3); 359-366.

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