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33356 A multinational chart review to examine gastrointestinal symptoms and their management in patients treated with apremilast for plaque psoriasis

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A cross sectional study on hand manifestations during COVID-19 pandemic

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Introduction: Since the outbreak of COVID-19, many new habits became the new normal among us such as social distancing, wearing a mask, and hand hygiene. It is noticed that there is an increase in skin complaints among health care providers and the general population. So, we hereby undertook a study to look for the incidence of skin complaints on hand during the COVID-19 pandemic.

Methods: Responses from 454 people were collected which included doctors, nurses, and the general population through an online questionnaire.

Results: Out of 454 people, 230 (50.7%) are males, 220 (48.5%) females and 4 (0.9%) preferred not to reveal their sex. 356 (78.4%) were associated with the medical field, and 98 (21.6%) were others. 336 (74%) of them use hand gloves and 118 (26%) of them did not use hand gloves. The average time of wearing a glove is 5 hours a day for 20 days a month. The average use of sanitizers is 15 times a day per person. On average, a person washed their hands 7-8 times a day with soap. Of the 454 people 278 (61.2%) people have hand complaints and 176 (38.8%) people did not have any complaints. The most common complaints are dryness (71.6%) and peeling of the skin (69.3%). Burning (28.4%), itching (20.5%), fluid-filled lesions (2.3%), papules (2.3%) and oozing (2.3%) were among other complaints. 70 (15.4%) people had aggravation of already existing skin complaints.

Conclusion: Due to frequent hand hygiene methods, the skin barrier function is disrupted, leading to hand dermatitis. Although hygiene is a crucial preventive measure in this pandemic, maintaining skin integrity is also important.

Commercial Disclosure: None identified.

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A moisturizing cream with panthenol, glycerin, and niacinamide provides superior skin barrier recovery

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Changes in skin barrier function, caused by both intrinsic (e.g., aging) and extrinsic (e.g., cold weather) factors, can lead to increased transepidermal water loss (TEWL), dryness, itchiness, and flaky skin among others. Regardless of the cause, restoring skin barrier function is paramount and utilization of moisturizers is foundational. However, there is a paucity of data comparing the relative efficacy between moisturizers in restoring skin barrier function. A clinical study was conducted to assess the barrier recovery kinetics of a moisturizing cream formulated with panthenol, glycerin, and niacinamide (CMC) vs 2 others: a ceramide containing cream CVMC and a daily (ADML). At baseline, 54 subjects had their volar forearm tape stripped until achieving a 100% increase in TEWL. Product was then applied to a separate site in a randomized manner, twice daily for 14 days. The 6th site served as untreated control. All products significantly improved in TEWL and corneometry after 3, 5, 7, and 14 days compared with the untreated site, indicating a beneficial effect on the skin barrier. According to TEWL measurement, CMC was significantly better than CVMC and ADML at barrier recovery at days 3, 5, and 7 ($P < .05$). CMC was also significantly better at skin hydration than CVMC and ADML on day 3 ($P < .05$). While all products effectively repaired the skin barrier after 14 days, CMC, provided significantly faster recovery making it ideal where rapid improvement in skin barrier function is needed.

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A multicenter, double-blind, randomized, placebo-controlled, phase IIb dose-finding study to evaluate efficacy and safety of spesolimab in patients with moderate-to-severe palmoplantar pustulosis

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Palmoplantar pustulosis (PPP) is a chronic inflammatory disease characterized by sterile pustules on the palms and soles, and has an impact on patient quality of life. Spesolimab is a first-in-class humanized anti-interleukin 36 receptor monoclonal IgG antibody, previously investigated in a phase IIa PPP trial. In this phase IIb trial (NCT04015518), patients with moderate-to-severe PPP were assigned to 1 of 5 groups; they received a total subcutaneous loading dose of 1500/3000 mg spesolimab or placebo for the first 4 weeks followed by 300/600 mg spesolimab or placebo q4w. After Week 16, patients receiving placebo switched to spesolimab 600 mg q4w; maintenance with spesolimab continued q4w/q8w to Week 52. The primary endpoint was percent change in PPP Area and Severity Index (PPP ASI) from baseline at Week 16. Safety was assessed descriptively. 152 patients were randomized. At Week 16, no significant dose−response model was identified for the primary endpoint between spesolimab and placebo (spesolimab groups 1−4 combined: −43.3%; placebo: −33.6%); reduction in PPP ASI continued over 52 weeks in all groups. Efficacy assessed via PPP Physician's Global Assessment clear/almost clear was apparent at Weeks 16 (spesolimab vs. placebo: 21.1% vs. 4.7%) and 52 (spesolimab vs. placebo/spesolimab: 54.1% vs. 27.9%). Improvements in Dermatology Life Quality Index and pain visual analog scores were observed over 52 weeks. Differences in efficacy favoring spesolimab over placebo/spesolimab were observed in non-Asian patients over 52 weeks. Spesolimab was generally well tolerated. Overall, moderate improvements were observed in patients with PPP receiving spesolimab, warranting further investigation.

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A multinational chart review to examine gastrointestinal symptoms and their management in patients treated with apremilast for plaque psoriasis

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Background: Diarrhea and nausea are the most common adverse events observed in phase 3 clinical trials and real-world studies of apremilast, an oral phosphodiesterase-4 inhibitor indicated for moderate-to-severe plaque psoriasis.

Methods: A retrospective chart review was conducted between June and November 2020 in the United States (US) and France among patients with moderate psoriasis experiencing gastrointestinal (GI) symptoms within 3 months of initiating apremilast.

Results: Dermatologists in US (200) and in France (52) abstracted patient charts (US: 494, France: 128). The following GI symptoms were reported: −diarrhea (US: 67% [331/494]; France: 76% [97/128]) with median time from onset to resolution/improvement of 26 days (US) and 21 days (France) −nausea (US: 52% [255/494]; France: 34% [44/128]) with median time from onset to resolution/improvement of 21 days (US) and 24 days (France). Management strategies for diarrhea included pharmacologic (loperamide/bismuth subsalicylate/racecadotril) with or without nonpharmacologic (dietary modifications, taking with food)/fiber (US: 30% [99/331], France: 41% [40/97]) and nonpharmacologic only (US: 32% [105/331], France: 27% [26/97]). Management strategies for nausea included pharmacologic (diphenhydramine/metoclopramide/metopimazine) with or without nonpharmacologic (dietary modifications, taking with food, avoidance of vigorous activity) (US: 5% [14/255], France: 30% [13/44]) and nonpharmacologic only (US: 58% [147/255], France: 36% [16/44]). Resolution/improvement of GI symptoms was observed in patients who used pharmacologic strategies and nonpharmacologic strategies.

Conclusions: Recommendations to manage diarrhea and nausea after apremilast initiation with pharmacologic or non-pharmacologic strategies were effective and symptoms usually resolved within 3-4 weeks of onset.

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