Atopic Dermatitis Nomenclature Variants Can Impede Harmonization


TO THE EDITOR

This letter is in response to a recent article (Schmitt et al., 2011) and the accompanying commentary (Flohr, 2011). The use of the term “eczema” would seem to be a step backward in the process of “harmonizing” outcome measures for atopic eczema/atopic dermatitis (AD). We all recognize that “eczema” is a term used by our patients and by non-cognoscenti physicians to indicate AD but it is nonspecific and dermatologists know there are many types of eczema that clearly are not AD. In 2004, the World Allergy Organization (WAO) stated that the term “eczema” would include “non-atopic eczema” and “atopic eczema,” the latter being “eczema in a person of the atopic constitution” (Johansson et al., 2004). Atopy was defined as specific IgE (sIgE) reactivity in high responders sensitized via mucosal surfaces. This definition was rendered dubious the next year by the NHANES III study showing sIgE to common allergens in 54% of the United States population (Arbes et al., 2005) and by numerous reports since 2006 indicating that the transcutaneous route may be a major pathway for IgE sensitization (Weidinger et al., 2006; van den Oord and Sheikh, 2009; Brown et al., 2011). Infants often have typical disease well before relevant sIgE levels. They do not need testing to be properly diagnosed as AD, which might well predispose to atopy; routine sIgE tests are not usually indicated (Boyce et al., 2010).

Abbreviations: AD, atopic dermatitis; sIgE, specific IgE; WAO, World Allergy Organization

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SUPPLEMENTARY MATERIAL

Supplementary material is linked to the online version of the paper at http://www.nature.com/jid

CONFLICT OF INTEREST

The authors state no conflict of interest.

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In conclusion, although none of these factors are specific for AD, it is still the case that together they provide an aid to understanding the mechanisms of the pathogenesis of AD.

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and also its inhibitory role in lymphocyte activation and function (Luger et al., 1993). Similarly, the reduction in TRPV6 expression in atopic subjects might induce a reduction in the intracellular calcium content and consequently in disruption of the epidermal proliferation/differentiation balance.

In conclusion, although none of these factors are specific for AD, it is still the case that together they provide an aid to understanding the mechanisms of the pathogenesis of AD.
The terminology imposed by the WAO reflects allergists’ poor understanding of the extensive eczema/dermatitis spectrum. The requirement for IgE testing in their diagnostic scheme goes beyond good clinical and scientific standards and adds unnecessarily to health care costs. That they were able to get a few dermatologists to sign on is unfortunate, especially now that the terminology has crept into a scientific journal such as the Journal of Investigative Dermatology. The preceding comments are not meant to detract from the efforts made by Schmitt, Williams, and others to seek harmonization of outcome measures for AD. It does seem clear that we should, simultaneously, seek international agreement on the terminology and definition of AD. It is time to face these diversions and seek global agreement on what is best for our patients. Science cannot proceed without internationally acceptable definitions and logical terminology.

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The author states no conflict of interest.

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TO THE EDITOR
In his comment on our paper recently published in the Journal of Investigative Dermatology (Schmitt et al., 2011), Dr Hanifin (2011) expresses concerns that variants in the nomenclature may impede the efforts of the international community to harmonize outcome measures for studies on atopic eczema/atopic dermatitis (Schmitt and Williams, 2010).

Our call for a standardization of outcome measures for atopic eczema trials and for record keeping in clinical practice resulted in considerable interest and support from the international research community and patient groups throughout the world (Schmitt et al., 2011). To harness such interest, the Harmonising Outcome Measures for Eczema (HOME) initiative (http://www.homeforeczema.org) was founded in July 2010 at the International Symposium on Atopic Dermatitis/New Trends in Allergy meeting in Munich, Germany, consisting of about 40 clinical researchers and outcomes research methodologists (Schmitt and Williams, 2010). At this meeting, the majority of participants, including Hanifin, expressed a clear interest in proceeding further into working on identifying core outcomes for eczema research. A further HOME meeting was held in Amsterdam in June 2011, which also included industry scientists and methodologists who endorsed the core outcome domains (i.e., the aspects of atopic eczema that should be regularly measured in future clinical trials) identified in the initial international Delphi exercise (Schmitt et al., 2011). This has led to a series of projects to identify which measures are best suited for such domains. The HOME initiative is also linked with other international outcome measures initiatives beyond the field of dermatology, such as COMET (Sinha et al., 2008, 2009) and OMERACT (Tugwell and Boers, 1993).

There are two main reasons why we decided to call our initiative the Harmonizing Outcomes Measures on Eczema (HOME)-initiative. First, as Hanifin correctly emphasizes, “eczema” is a term commonly used by patients and by many physicians around the world. As our initiative has a strong focus on patients’ perspectives, it is a necessary prerequisite for its success to

Abbreviations: HOME, Harmonising Outcome Measures for Eczema; WAO, World Allergy Organization

Outcome Measures, Case Definition, and Nomenclature Are All Important and Distinct Aspects of Atopic Eczema: A Call for Harmonization