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# **TOPICAL ISSUES OF NEW DRUGS DEVELOPMENT**

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## **MODERN PHARMACOTHERAPY OF ATOPIC DERMATITIS**

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Atopic dermatitis (AD) is a pruritic disease of unknown origin that usually starts in early infancy, though an adult-onset variant is recognized. In 85% of cases, atopic dermatitis occurs in the first year of life; in 95% of cases, it occurs before age 5 years. The incidence of atopic dermatitis is highest in early infancy and childhood. The disease may have periods of complete remission, particularly in adolescence, and may then recur in early adult life.

Skin care involves the following measures: Hydrating with water, Using soap substitutes rather than regular soap, Taking baths with diluted bleach or colloidal oatmeal, Applying emollients, Wearing wet dressings, Applying coal tar cream or oil. Antihistamines can help relieve pruritus. Options include hydroxyzine 25 mg po tid or qid and diphenhydramine 25 to 50 mg po at bedtime. Low-sedating H1 receptor blockers (such as loratadine 10 mg po once/day, fexofenadine 60 mg po bid or 180 mg po once/day, and cetirizine 5 to 10 mg po once/day) may be useful, although their efficacy has not been defined. Doxepin (a tricyclic antidepressant also with H1 and H2 receptor blocking activity) 25 to 50 mg po at bedtime may also help. Corticosteroids are the mainstay of therapy. Creams or ointments applied twice daily are effective for most patients with mild or moderate disease. Systemic corticosteroids (prednisone 60 mg po once/day for short courses of 7 to 14 days) are indicated for extensive or refractory disease. Systemic immune modulators effective in at least some patients include cyclosporine, interferon gamma, mycophenolate, methotrexate, and azathioprine. Tacrolimus and pimecrolimus are T-cell inhibitors effective for AD. They should be used when patients do not respond to corticosteroids and tar or when corticosteroid adverse effects such as skin atrophy, striae formation, or adrenal suppression is a concern. Tacrolimus or pimecrolimus cream is applied twice daily.

Thus, the modern pharmacotherapy of AD will significantly improve the quality of life of patients.

Diasamidze Natia, Misiurova S.V.	380
Kolodeznaya T. Yu., Ratushnaya K. L., Dobrova V. Ye.	381
Korniushkyna D.I., Kozyura C.A., Dolzhykova O.V.	382
Moroz V.A., Almohssen Karrar Ali	383
Orobchuk I.V, Kysylytsya R.I , Misiurova S.V.	385
Prisich K.S., Zhurenko D.S., Tsubanova N.A.	387
Sheptunova A.M., Ivanova K.S., Tarasenko O.O.	388
Shishkova D.V., Zhulay T.S.	389
Suwaed Zaid, Gerasymenko O.V.	391
Timchenko Yu.V. Goslinskaya H.S. Klepikov D.A.	392
Vetrova K.V., Davishnya N.V., Sakharova T.S., Shebeko S. K.	393
Volvak A., Misiurova S.V.	395
<b>10.MODERN PHARMACOTHERAPY</b>	397
Blinova T.V., Snezhko N.V, Tryshchuk N.M.	398
Ediberidze A.E., Serduk I.S., Ryabova O.A.	399
Emirova E.I., Kashuta V.E.	400
Fedoruk D.V., Pinkevich V.A., Pozdniakova A.Yu., Kutsenko T.A.	401
Joulali Zouhir, Zhabotynska N.V.	402
Kuznechenko O.L., Lytvynova O.N.	403
Maksimyuk K.M., Savokhina M.V.	404
Musievskaya I. M., Zabara I.P., Tryshchuk N.M.	405
Noskova Yu.O., Tryshchuk N.M.	406
Onashko Y.N., Iermolenko T.I.	408
Ovsienko.E.V., Drogovoz S.M.	409
Putnenko N.O., Kashuta V.E.	410
Ravshanov T., Iermolenko T.	411
Ryabov V.O., Zhabotynska N.V.	412
Smelova N.N, Ryabova O.A.	413
Solovieva V.O., Zhabotynska N.V.	414
Tolmacheva K.S., Ryabova O.A.	415
Tsemenko K.V., Kireyev I.V.	416
Urazova L.F., Ananko S.Ya.	418
Verkhovodova Y.V., Kireyev I.V.	419
Vozna I. O., Savokhina M.V.	421
<b>11.PHARMACOECONOMIC RESEARCH OF MEDICINES</b>	422
Bondarenko D.V., Barylyuk N.A.	423
Fedirko V. A.	424